To: +18506176383

4-4-22, 10:05 AM

Division of Corporations



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To:

Division of Corporations Fax Number : {850}617-6383

From:

| Account Name | : | BURNS LAW OFFICES, | P.A. |
|----------------|---|--------------------|------|
| Account Number | : | 120140000036 | |
| Phone | : | (305)733-8223 | |
| Fax Number | : | (866)883-7019 | |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

AH 10: 14 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ·... NATURE'S WELLNESS MARKET L.L.C. 2022 APR - 4 Certificate of Status 0 2022 APR - 4 Certified Copy 0 03 Page Count Estimated Charge \$25.00 PH 4: Ā പ്പ

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| 8506176383 | Page: 2 of 4 | 2022-04-04 14:08:23 GMT | 18668837019 | From: Netalie Burr |
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| | > ART | TICLES OF ORGANIZ | ATION | |
| | * | OF | 4. 4 | 4 |
| NA | ATURE'S WELLNESS MARK | ET L.L.C. | | |
| <u></u> | (Name of the Lim) | ited Liability Company as it now an (A Florida Limited Liability Compa | n <u>cars on our records.</u>) ny) | |
| | rganization for this Limited I number <u>L15000023015</u> | liability Company were filed on | 02/06/2015 | and assigned |
| This amendment i | is submitted to amend the fol | lowing: | | |
| A. If amending a | name, enter the new name (| of the limited liability compan | v here: | |
| ······································ | | | | |
| The new name must b | re distinguishable and contain the | words "Limited Liability Company," (| the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new princi | pal offices address, if appli | cable: | | |
| (Principal office (| address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| | | | | |
| Enter new mailir | ig address, if applicable: | | | |
| | MAY BE A POST OFFICE | <u>(BOX)</u> | | |
| | | | | |
| | | <u> </u> | | , ,, ,, , |
| B. If amending t agent and/or the | he registered agent and/or new registered office addre | registered office address on o | ur records, <u>enter the n</u> | • |
| B. If amending t agent and/or the | he registered agent and/or new registered office addre | registered office address on o ess here: | ur records, <u>enter the n</u> | ame of the new registered |
| agent and/or the | the registered agent and/or new registered office addro New Registered Agent: | registered office address on o ess here: YANG WANG | ur records, <u>enter the n</u> | APPR FIL APR -4 |
| agent and/or the Name of | new registered office addro | YANG WANG | | APPROVE APR -4 PH |
| agent and/or the Name of | new registered office addro | YANG WANG | ur records, <u>enter the na</u> Fioridastreet address | APPRO |

New Registered Agent's Signature, if changing Registered Agent:

To:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

OocuSigned by.

Uang Wang If Changing Registered Agent, Signature of New Registered Agent

| To: +18506176383 [.] | Page: 3 of 4 | 2022-04-04 14:08:23 GMT | 18668837019 | From: Natalie Burr |
|-------------------------------|---|---|-------------|-----------------------|
| | hope ID: ED16AD0C-1C03-4829-80FC-2588520 mg Autorizeu rerson(s) autorizeu red from our records: | F38A7 10 manage, <u>enter the title, name,</u> | | |
| | Manager Authorized Member | | (((1122000 | 121440 3))) |
| Title | Name | Address | <u>Typ</u> | e of Action |
| AMBR | YANG WANG | 13325 sw 46th ter | E | ÌAdd |
| | | Miami, FL 33175 | c | lRemove |
| | | <u> </u> | ć | Change |
| CEO | RODRIGUEZ, JOVANY | 13325 sw 46th ter | C |)Add |
| | | Miami, FL 33175 | | Remove |
| | | | C |]Change |
| CEO | CONCEPCION, MICHAEL | 1991 SW 142ND AVE | C |]Add |
| | | MIAMI, FL 33175 | Ē | IRemove |
| | | | |]Change |
| | | | C |] Add |
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D. If amending any other information, enter change(s) here: Ottoch additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| April 1 Dated | 2022 |
|------------------|---|
| DocuSigned by: | |
| JOVANY RODREVEZ | |
| Signature of | a member or authorized representative of a member |

JOVANY RODRIGUEZ

Typed or printed name of signce