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2018 NOV 29 PM 3:25
FALLENBERRY, J. J.
FALLAHS, S. J. (10/10/16)

D. BRUCE
NOV 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Love Life Wellness Center, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veronica Menin
Name of Person

Love Life Wellness Center
Firm/Company

2616 NW 5th ave
Address

Miami, FL 33127
City/State and Zip Code

Veronica menin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Menin at (305) 772-6798
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|--|---|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
OCT
2010 NOV 29 PM 3:56
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Love Life Wellness Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/19/2015 and assigned Florida document number L15000088721.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip/Code

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

I hereby 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Veronica Menin	455 Ne 111 th ST	<input checked="" type="checkbox"/> Add
	No longer manager,	Miami, FL 33161	<input type="checkbox"/> Remove
	now authorized member		<input type="checkbox"/> Change
AMBR	Diego Tosoni	455 Ne 111 th ST	<input checked="" type="checkbox"/> Add
	Both Diego Tosoni and	Miami, FL 33161	<input type="checkbox"/> Remove
	Veronica Menin as		<input type="checkbox"/> Change
	members		
MGR	Veronica Menin	455 Ne 111 th ST	<input type="checkbox"/> Add
	Remove as manager	Miami, FL 33161	<input type="checkbox"/> Remove
	add as authorized member		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

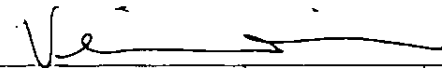
this amendment is to remove Veronica
Menin from being a manager and
adding Veronica Menin as a member.
a change of status. Also, this
amendment is to add Diego Tosoni
as a member.

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OCT 29 PM 3:36
2018
KELLEY'S FILING CO.

E. Effective date, if other than the date of filing: ~~10/24/2018~~ 10/1/2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10/24/2018



Signature of a member or authorized representative of a member

Veronica Menin

Typed or printed name of signer