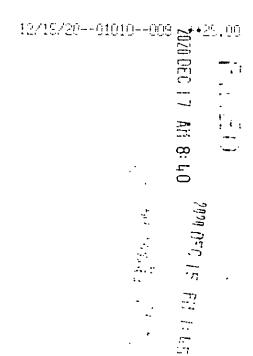
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Special Instructions to	Filing Officer:	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Corp Record Search					Certificate of Status
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					Courier

COVER LETTER

	gistration Se ision of Coi			
SUBJECT:	CENTRAL	. FLORIDA WELLNESS, LL	С	
SUBJECT.		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHRIS TRACY		
			Name of Person	
		CENTRAL FLORIDA W	ELLNESS, LLC	
			Firm/Company	
		8081 TURKEY LAKE RI	D #650	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	<u> </u>
		ctracy33@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further int	ormation co	ncerning this matter, please co	ntl:	
CHRIS TRAC	_		407 256-5119 at () Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	heck for the	following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is caclosed)

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

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

CENTRAL FLORIDA WELLNESS, 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 11/17/2016 and assigned Florida document number L16000211037 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9731 CHESTNUT RIDGE DR Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) WINDERMERE, FL 34786 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: WOLFE FINANCIAL GROUP Name of New Registered Agent: 1515 INTERNATIONAL PKWY STE, 1001 New Registered Office Address: Enter Florida street address _. Florida 32746
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 mercly reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

LAKE MARY

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>	Type of Action
MGR	TIMOTHY J. SHORTLY	P.O. BOX 832	
		LAKE WALES, FL 33859	■ Remove
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ord spe filed.	ecifies a delayed effective date, but not an effectiv	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after
χl	12/15/2020	·
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	Signature of a member or a	uthorized representative of a member
	/ 	