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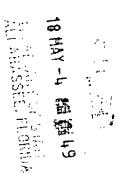
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# **COVER LETTER**

Division of Corporations
SUBJECT: Name of Limited Liability Company  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Citana Mg Name offerson
Vip Hearth and Wellness Lice Firm/Company
1400 SE Goldfree Dive Suite 207
Port St Lucie FL 34953 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 370 - 3211  Area Code Daytime Telephone Number
Name of Telson
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$

## MAILING ADDRESS:

Registration Section

TO:

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

VIP Health Cno	d Wellness LLC	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.  orida Limited Liability Company)	)
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number <u>4160002316</u>	<u>41</u> .	
This amendment is submitted to amend the following	3'	
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 AL	ODRESS)	<b>6</b>
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Enter new mailing address, if applicable:		ON THE STATE OF TH
(Mailing address MAY BE A POST OFFICE BOX)	)	200
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B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Ciţy	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>	Address	Type of Action
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			Change
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		PSL, FL 34952	☐ Change
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cument's effective date	on the Department	of State's rec	ords.	.,	, , , , , , , , , , , , ,			
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Page 3 of 3

Filing Fee: \$25.00