L1700006015a

(Reque	estor's Name)	"
(Addre	ss)	
(Addre	ss)	
(City/Si	tate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Docun	nent Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filir	ng Officer:	
	5/27/	/2/ 11

Office Use Only



500363421405

04/09/21--01037--024 **25.00

COVER LETTER

TO: Registration Division of C	Section Corporations		•
	ealth & Wellness, LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	David J. Davidson		
		Name of Person	
	The Florida Healthcare La	aw Finn	
		Firm/Company	
	151 NW 1st Avenue		
		Address	
	Delray Beach, FL 33444		
		City/State and Zip Code	
	dave@fioridahealthcarelaw	firm.com (to be used for future annual report not	refication
For further information	re-mail audress. I concerning this matter, please of		on canoni
David J. Davidson		561 455-7700 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30,00 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 enclosed)
Mailing Address Registration Division of		Street Address: Registration Se Division of Cor	
P.O. Box 63	27	The Centre of T	Tallahassee
Tallahassee.	FL 32314	2412 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION 21 APR -7 PH 3: 40

TheraHealth & Wellness, LLC		
(Name of the Limited	Liability Company as it now appears on our re ViPorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Lia Florida document number <u>L170.0060152</u>	bility Company were filed on March 15, 20	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	 -	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>en</u> <u>here</u> :	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lvess
		Florida
	City	Zip Code

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

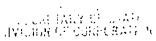
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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 amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

21 APR -7 PH 3: 40

<u>Title</u>	<u>Name</u>	<u>Address</u>	1 ype of Action
MGR	Angelica Talef.	624 INLET RD	□Add
		NORTH PALM BEACH, FL 33408	□Remove
			⊒ Change
			□Add
			□ Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		□ Change	
			□ Add
		Remove	
			7Change



If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) PM 3: 40
Effective date, if other than the date of filing:
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 d is filed.
Dated $\frac{4/2}{2021}$
Signature of a member or authorized representative of a member
Jonathan Hodel Typed or printed name of signee

Filing Fee: \$25.00