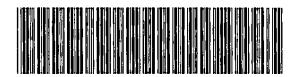
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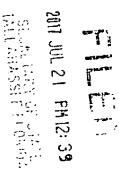
(Requestor's Name)
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HARRIS

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	WELLMER			
SUBJECT.			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		GARY C. MATZNER		
			Name of Person	
		KOPELOWITZ OSTROW	,	
			Firm/Company	
		2800 PONCE DE LEON E	BLVD., SUITE 1100	
			Address	
		CORAL GABLES, FLOR	IDA 33134	
			City/State and Zip Code	
		MATZNER@KOLAWYEF	RS.COM to be used for future annual report notifi	eution)
For further in	nformation co	oncerning this matter, please ca	-	canon
GARY C. M			305 384-7645	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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 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

WELLMERICA, LLC

(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Or	any were filed on 4/21/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	S. I
		2 2 2 SSS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Tio 23 7
		± ω
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:	· -	enter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off- company has been notified in writing of this change.	ete performance of my duties, and as as provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is
<u>ir c</u>	hanging Registered Agent, <u>Signature of N</u>	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			
Officer	PATRICIA DARNLEY	1451 West Cypress Creek Rd., Suit	∃ Add			
		Ft. Lauderdale, Florida 33309	Remove			
			☐ Change			
Officer	MICHAEL MCCABE	1451 West Cypress Creek Rd., Suit	= Add			
		Ft. Lauderdale, Florida 33309	🖸 Remove			
			☐ Change			
						
			□ Remove			
			Change			
			Add			
			Remove			
			Change			
			ALCORE JUL			
			A SSEC Address Control			
			Remove			
			Change			

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ffective date, if an effective date is				L. data of filing a	r mura than (V)	_ (optional)		605	. 0207
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ocument's effecti	ve date on the De	epartment of St	ate's records.						
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		Signature of a n	ember or autho	rized representat	ive of a membe	г	<u> </u>	<u>=</u>	
) Seite		-	SS:	2	
		,							•
GARY	C MATZNER, N			d name of signed				<u> </u>	

Page 3 of 3

Filing Fee: \$25.00