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TO:						٠.
GUD ID		erica, LL	C			n II
SUBJE	CI:		Name of Lim	ited Liability Company		1
The enc	losed Article	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Important of Person Meenan P.A. Firm/Company 300 South Duval Street, Suite 410 Address Tallahassee, FL 32301 City/State and Zip Code ts@ineenanlawfirm.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: G. Schoenwalder Name of Person Area Code Daytine Telephone Number is a check for the following amount: O Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) See Certificate Opy (additional copy is enclosed)				
Please re	eturn all corr	esponder	nce concerning this matter	to the following:		
			Fimothy G. Schoenwalder			
		-		Name of Person		
			Meenan P.A.			
		=		Firm/Company		
			300 South Duval Street, St	nite 410		
Address						
			Tallahassee, FL 32301			
		-		City/State and Zip Code		
		t	-			
			E-mail address: (to be used for future annual report not	itication)	
For furt	her informati	ion conce	rning this matter, please ca	all:		
Timothy G. Schoenwalder						
•	Na	ime of Per	son		ne Telepho	ne Number
Enclose	d is a check	for the fo	llowing amount:			
≅ \$25	i.00 Filing Fe	ee [Certified Copy	0	Certificate of Status & Certified Copy
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	Division of		orations	Division of Co		
	P.O. Box Tallahass		32314	The Centre of 2415 N. Monro		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Welln	nerica, LLC		
Name of the Limited Liability Con (A l forula Limit	npany as it now appears of led Liability Company)	n our records.)	-,
The Articles of Organization for this Limited Liability Compa	any were filed on Oc	tober 31, 2017	and assigned
Florida document numberL17000090499			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here	; :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	gnation "LLC" or the a	bhreviation "L.L.C."
Enter new principal offices address, if applicable:			020
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>
			
Enter new mailing address, if applicable:			- R II
(Mailing address MAY BE A POST OFFICE BOX)			
<u> </u>			
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our rec	ords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	es : est - 1	-	
	Enter Floride	street address	
	City	, Florida	Zıp 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

Title	<u>Name</u>	Address	Type of Action
MGR	Sharon Kelley	1451 West Cypress Creek Road	🗀 Add
		Suite 300	
		Fort Lauderdale, FL 33309	
MGR	Marie Glancy	1451 West Cypress Creek Road	
		Suite 300	
		Fort Lauderdale, FL 33309	Change
MGR	Mike Gervasi	5827 Corporate Way	
		West Palm Beach, FL 33407	
			☐ Change
MGR	Withelmina Lewis	5827 Corporate Way	
		West Palm Beach, FL 33407	
			□Change
MGR/P	Phillip Barr	1451 West Cypress Creek Road	≆ Add
		Suite 300	□Remove
		Fort Lauderdale, FL 33309	
MGR	Ellen Duffield	1451 West Cypress Creek Road	= Add
		Suite 300	□Remove
		Fort Lauderdale, FL 33309	

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>	Name	Address	Type of Action
MGR	Brian Dobbins	1451 West Cypress Creek Road	≅ Add
		Suite 300	□Remove
		Fort Lauderdale, FL 33309	
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			⊡Add
			□Remove
			Change
			□Add
			□Remove
			Change

							
							
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	if other than th	e date of filing	January 7, 20	20	(0	ptional)	
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n enecuve date	ntiva data na tha I	Department of S	tate's records.	·			
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