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## COVER LETTER

TO:	Registration Division of C				
em n		ness Group, LLC			
SUBJI	EC1:	Name of Lim	ited Liability Con	pany	
The en	closed Articles	of Amendment and fee(s) are sub	mitted for filing		
Please	return all corres	pondence concerning this matter	to the following	;	
		Wendy Miller			
			Name of R	erson	
		Acu Wellness Group, LLC			
			Firm/Cor	pany	
		1209 Main St #104			
			Addre	SS .	416
		Jupiter, FL 33458			
		· 6.6	City/State and	Zip Code	
		info@acuwellnessgroup.cor E-mail address: (	,	ire annual report no	tification)
For fur	ther information	concerning this matter, please co	ŀ	•	·
Wendy	y Miller		56	557-6556	
	Name	e of Person	at (	) Code Davtir	ne Telephone Number
				•	•
Enclos	sed is a check for	the following amount:			
<b>≯</b> 52	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314		STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acu Wellness GroupJLLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our rec	ords.)	
	ľ		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L17000118107			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	.L.C" or the abbreviation "L.L.C."	- :⊣
Enter new principal offices address, if applicable:	1209 Main St #104	<del>-</del>	
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33458	N 2	7 7 7 7 7
			?\ <del>\</del>
Enter new mailing address, if applicable:	1209 Main St #104	AM II:	
(Mailing address MAY BE A POST OFFICE BOX)	Jupiter, FL 33458	00	TALLAHASSEE, FLORIDA the new with the and
registered agent and/or the new registered office address here	2		
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street add	dress	
Inter new mailing address, if applicable:  Inter new mailing address, if applicable in applicable i			
New Registered Agent's Signature, if changing Registered Agent:			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties rovided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document i	
If Char	ging Registered Agent, <u>Signatt</u>	ire of New Registered Agent	

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:						
MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Louise Hudek	2729 NE 10th St. Pompano Beh. Fl	🗆 Add			
			Remove			
			Change			
			☐ Remove			
			☐ Change			
			□ Add			
			Remove			
			Change			
			Add			
			Remove			
			Change			
			Remove			
			Change			
			Remove			
			Change			

. If amending any other inform	ation, enter chan	ge(s) here: (	Attach additi	onal sheets.if	necessary.)		
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	<del>_</del>		<u> </u>			- <del>- 2</del>	.C. A.51.
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			. <u>-</u>				
-				***			
		anuary 16, 201	<b>,</b>				
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the	ust be specific and can block does not meet	the applicable	ate of filing or n statutory filin	ore than 90 days	optional) safter filing.) Pu s, this date will	rsuant to 605.01 not be listed	207 (3 as th
the record specifies a delaye The 90th day after the re		e, but not a	n effective	ime, at 12:	01 a.m. on	the earlier	of:
January 18 Dated		018					
	1	22					
37 1 373	Signature of a mem	iber or authorize	ti representativo	of a member			
Wendy Miller							

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Filing Fee: \$25.00