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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

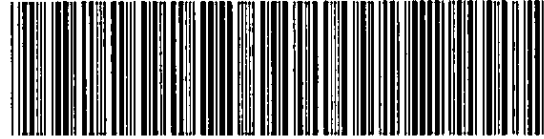
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/17/23--01027--028 **25.00

2023 JAN 17 PM 1:30

January 11, 2023

Via US First Class Mail

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Evolve Wellness Centers LLC

To Whom It May Concern,

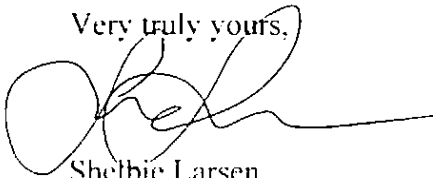
Please accept this letter as our request to file the following enclosed documents:

- 1) Articles of Amendment for Evolve Wellness Centers LLC (2 copies).

I have enclosed Check Number 13457, in the amount of \$25.00, made payable to the Florida Department of State, to cover the filing fees associated therewith. Upon receipt, please file the enclosed document as soon as possible. Then, please return a date stamped copy of the enclosed Articles of Amendment to me in the self-addressed, stamped envelope provided, to provide evidence that the document has been filed.

Thank you for your attention to this matter and please do not hesitate to contact me directly at 801-527-1040 should you have any questions or if you should require any further documentation in order to process the enclosed filing.

Very truly yours,



Shelbie Larsen
Paralegal to Spencer J. Witt, Esq.

SW/sjl
Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Evolve Wellness Centers LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/12/2017 and assigned
Florida document number L17000128214

This amendment is submitted to amend the following:

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 ADDRESS)

10198 SW Village Parkway Suite 104

Port St Lucie, Florida 34987

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10198 SW Village Parkway Suite 104

Port St Lucie, Florida 34987

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

10198 SW Village Parkway Suite 104

Enter Florida street address

Port St Lucie

Florida 34987

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Amber Wehrle	10198 SW Village Parkway Suite 104	<input type="checkbox"/> Add
		Port St Lucie, Florida 34987	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Jan 9th, 2023

Chas. W. [Signature]

Signature of a member or authorized representative of a member

Amber Wehrle

Typed or printed name of signee

Filing Fee: \$25.00