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· COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Orlando Wellness For Life LLC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maartje Hidalgo Name of Person			
Orlando Wellness for Life IIC Firm/Company			
3131 Onyx Ct Address			
Orlando FL 32806 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Maathe Hidago at (904) 703 · 5865 Name of Person Area Code Daytime Telephone Number			
Division of Corporations JRJECT: Or lando Wellness for Life LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) a			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: 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**

<u>orlando Wellness to</u>	r life LLC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) uted Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on Oq /01/2017 and assigned
Florida document number 117000 87384.	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here-
The name and he distinguished and a strict the	Liability Company," the designation "LLC" or the abserviation L.C."
The new name must be distinguishable and contain the words "Limited"	Ciability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	7 2 -
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Fatourous and the state of the	ORIE 2:
Enter new mailing address, if applicable:	——————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the new
registered agent and/or the new registered office address	<u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
The state of the s	Enter Florida street address
	F1
	, Florida
New Registered Agent's Signature, if changing Registered Ag	
The state of the s	****

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>	Address	Type of Action
AMBR	Nicholas Hidalgo	3131 Onyx ct Ollando FL 32806	ÒY Add
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(If an effective date in Note: If the date	if other than the date is listed, the date must be so inserted in this block of tive date on the Depart	pecific and cannot focs not meet t	ot be prior to da he applicable	te of filing or more	(option than 90 days after f equirements, this o	ling.) Pursuant to 60	05.0207 (3 sted as th
	cifies a delayed eff y after the record	ective date, is filed.	, but not an	effective tim	e, at 12:01 a.	m. on the earl	lier of:
) The 90th da							
Dated 10/2	3/2017	r					
) The 90th da		 Mkw	dalat	representative of			

Page 3 of 3

Filing Fee: \$25.00