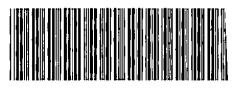
## L1700 211 031

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



0003350884

10/07/19--01029--010

TALL Told I I I I I I

OCT 2 6 2019 S. YOUNG

## **COVER LETTER**

Div	ision of Cor	porations		
 SUBJECT:	Resolve We	eliness, LLC		
OCDULCT.	***************************************	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Evan Kaiser		
			Name of Person	
		The Edge Recovery		
		·	Firm/Company	
		3000 NW 101 Lane		
			Address	<del></del>
		Coral Springs, FL 33065		
		evan@theedgerecovery.con	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further is	nformation c	concerning this matter, please c	all:	
Evan Kaiser	<u>.</u>		561 674-2696	
Name of Person		f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	he following amount:		
■ \$25.00 F	Filing Fec	☐ \$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:

TO:

**Registration Section** 

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

Resolve Wellness LLC

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

(A Florida Limited Liability Company)

(Name of the Lim	(A Florida Limited	Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number L17000211031	· · · · · · · · · · · · · · · · · · ·	y were filed on 10/1	1/2017 a
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company her	<u>e</u> :
If amending name, enter the new name of the limited liability company here:  A new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation ter new principal offices address, if applicable:  **Inicipal office address MUST BE A STREET ADDRESS**  **Iter new mailing address, if applicable:  **Iter new mailing address, if applicable:  **Iter new mailing address MAY BE A POST OFFICE BOX**			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)	<del></del>	
B. If amending the registered agent and registered agent and/or the new registered			our records, enter the nan
Name of New Registered Agent:	N/A	. <del></del>	
New Registered Office Address:			
		Enter Florid	da street address
			Florida
		City	, Florida Zip Cod

## 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilic company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each por removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	
MGR	Sima Alavi	3000 NW 101 Lane Coral Springs, FL 33065	
			-
			_1
			_C
			_⊏
<del></del>			
			. <b></b> :
		[	ПC
			□ A <sub>1</sub>
		[	□ Rc
			□ Ch
		(	□ Adc
		[	□ Reπ
		[	☐ Char
			□ Add
			□ Remo
			□ Chang

						··-		
		<u></u>	<del></del>	- <del></del>				
		<del> </del>						
						_,		
			<del>- •</del> ··					
							· · · · · · · · · · · · · · · · · · ·	
			·		<u>.                                    </u>			
<del></del>								
					·			
·								
f an effecti Note: If t document	ve date is listed, the date inserted is effective date	d in this block d c on the Departi	oecific and ca oes not mee ment of Stat	nnot be prior to t the applicab e's records.	ole statutory t	or more than 90 d iling requireme	_ (optional) ays after filing.) Pu ents, this date wil	n nc
fan effecti Note: If t document	ve date is listed, the date inserted 's effective date date date date date date date dat	he date must be sp in this block d c on the Departi	occific and ca oes not mee ment of Stat ective dat	nnot be prior to t the applicab e's records.	ole statutory t	or more than 90 d iling requireme	ays after filing.) Pi	n nc

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00