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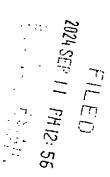
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

OMNI WE	LLNESS GROUP LLC		
	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:	
	DAVID ALLEN		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: DAVID ALLEN Name of Person OMNI WELLNESS GROUP LLC Firm/Company 35 ROCKRIDGE RD STE A Address ENGLEWOOD. OH 45322 City/State and Zip Code NEWTAWLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter. please call: DALLEN Name of Person Name of Person Daytime Telephone Number et dis a check for the following amount:		
		Firm/Company	
	35 ROCKRIDGE RD STE	A	
	Rect: Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filling. return all correspondence concerning this matter to the following: DAVID ALLEN		
	ENGLEWOOD, OH 4532	2	
		City/State and Zip Code	
			
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please co	all:	
DAVID ALLEN		937 902-9650	
Name o	f Person	Area Code Daytime Telepl	none Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
		Street Address:	
			one
P.O. Box 632	•	The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMEN I TO ARTICLES OF ORGANIZATIONS OF

OMNI WELLNESS GROUP LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 12/07/2021	and assigned
Florida document number L17000250455		
This amendment is submitted to amend the following:		
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	35 ROCKRIDGE RD STE A	
(Principal office address MUST BE A STREET ADDRESS)	ENGLEWOOD, OH 45322	
	 	
Enter new mailing address, if applicable:	35 ROCKRIDGE RD STE A	
(Mailing address MAY BE A POST OFFICE BOX)	ENGLEWOOD, OH 45322	
		- · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Florida	
	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 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	JOHN PAWELSKI	4950 UTICA RD	
		WAYNESVILLE, OH 45068	≣Remove
			□Change
MGR	DAVID ALLEN	35 ROCKRIDGE RD STE A	
		ENGLEWOOD, OH 45322	□Remove
			□Change
			□Add
			Петоve
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ective date, if other than the	late of filing:		(optional)	
effective date is listed, the date must e: If the date inserted in this blo ument's effective date on the De	be specific and cannot be prior ck does not meet the applic	r to date of filing or more to cable statutory filing re	lhan 90 days after filing.) Pu	
cord specifies a delayed effective s filed.	date, but not an effective t	.ime, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
AUGUST 28	2024	<u> </u>		
wand (Signature of a member or auth			

Filing Fee: \$25.00