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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

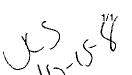
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRIANGLE WELLBEING, LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	TRIANGLE WE	ELLBEING, LLC					
(Name of the Limited	Lability Compa Florida Limited	my as it now appears on o Liability Company)	at tecords)		_		
The Articles of Organization for this Limited Li Florida document number L18000038454	ability Coпடியy	were filed on 2/12/2018	 	வ	d assigne	d	
Pionida document municei							
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	llity company here:					
The new name must be distinguishable and end win'L.L.C."	h the words "Lim	ited Liability Company," th	e designatio	: "LLC" o	r the abbi	reviation	
nter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)		Sarasota, Florida 34236	Sarasota, Florida 34236				
			 				
Enter new mailing address, if applicable:		222 Robin Dr					
(Mailing address MAY BE A POST OFFICE)	Sarasota, Florida 34236						
B. If amending the registered agent and/or the new registered of			cords, <u>ent</u> e	r the na	me of t	he new	
Name of New Registered Agent:	Business Filing	s Incorporated	·		SEC	2018	
New Registered Office Address:	1200 South Pir					<u>C</u>	T
		Ewer Flor	rida str e et a			Ţ	Guren Guren
	Plantation		Florida _	33324	25	<u> </u>	
		Cirv		Zip		2	T
New Registered Agent's Signature, if changing R	egistered Agent;					<u></u>	C
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	r and complete.	performance of my dutie	es, and Lan	ı familia	r with an	d ₹	
being filed to merely reflect a change in the r	egistered office	address, I hereby confir	m that the	imited it	ability		
company has been notified in writing of this i	change.	Narel		Aark Willi Iusinesa F			J
	If Chan	wine Registered Agent, Slone	ture of New	Registered	Agent	•	

Page 1 of 3

MGR - Manager

Fox Gudet #H180002917773

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR -	AMBR - Authorized Member				
Title	Name	Address	Type of Action		
AMBR	ANNA J MCCANN	1827 GROVE ST.	Add		
		SARASOTA, FL 34239	X Remove		
AMBR	Anna J McCann	222 Robin Dr	XAdd		
		Sarasota, Florida 34236	Remove		
			Remove		
			ACR BROWN		
			S & F		
		_	SEE F		
			Remove		
			Remove		

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For aut + H180002417773

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
Dated 1015 2017
Anna J. Mc Comm member of a member of a member of a member
\ _
Anna J McCano, Member Typed or pointed name of signee
Pour laft

Filing Fee: \$25.00

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