

L18000128845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

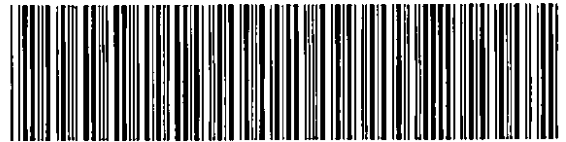
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 15 2023

Office Use Only



900401993919

FILED

2023 FEB 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FL 32399

RECEIVED

2023 FEB 14 PM 2:48

TALLAHASSEE, FL 32399

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/14/2023

PRIORITY , Regular Approval

OUR REF # (Order ID#) 1119372

ORDER ENTITY

PHOENIX RISING WELLNESS CENTER LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PHOENIX RISING WELLNESS CENTER LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Phoenix Rising Wellness Center 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:

Joan Donovan

Name of Person

Benesch, Friedlander, Coplan and Aronoff LLP

Firm/Company

71 South Wacker Drive, Suite 1600

Address

Chicago, IL 60606

City/State and Zip Code

kcooper@mwcholdingsllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Donovan

Name of Person

at (312)

Area Code

506-3422

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2023 FEB 14 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FL 32310

Phoenix Rising Wellness Center 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 05/23/2018 and assigned Florida document number LJ8000128845.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PurHealth and Wellness LLC

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:

6740 N. Highway A1A

(Principal office address MUST BE A STREET ADDRESS)

Hutchinson Island, FL 34949

Enter new mailing address, if applicable:

6740 N. Highway A1A

(Mailing address MAY BE A POST OFFICE BOX)

Hutchinson Island, FL 34949

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:

Kenneth Cooper

New Registered Office Address:

6740 N. Highway A1A

Enter Florida street address

Hutchinson Island

, Florida 34949

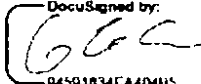
City

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.

DocuSigned by:



04501834CA10415

If Changing Registered Agent, Signature of New Registered Agent

Kenneth Cooper

If an existing 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>
<u>MGR</u>	<u>Kenneth Cooper</u>	<u>6740 N. Highway A1A, Hutchinson Island, FL 34949</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Daniel Gutierrez</u>	<u>2735 3rd SW Place, Lot 27, Vero Beach, FL 32968</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Ricardo Lazo</u>	<u>2504 2nd SW, Vero Beach, FL 32962</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Pedro A. Bernabe, Jr.</u>	<u>1817 1st Avenue, Vero Beach, FL 32962</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 13, 2023

DocuSigned by:

662

945878347404135

Signature of a member or authorized representative of a member

Kenneth Cooper, Manager

Typed or printed name of signee

Filing Fee: \$25.00