

L18000160662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

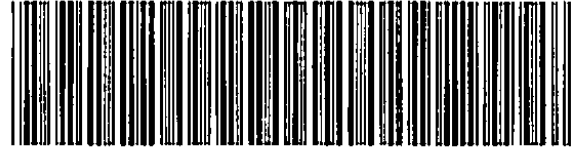
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV -8 PM 12:34
11/15

A. BUTLER
JAN 30 2023

TO: Registration Section
Division of Corporations

SUBJECT:

NO contract LLC to

386 Wellness, 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:

Hope King

Name of Person

Firm/Company

533 N. Nova Rd Suite 116

Address

Ormond Beach, FL 32174

City/State and Zip Code

hopeaprn@yahoo.com

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

For further information concerning this matter, please call:

Hope King

Name of Person

at

(407)

Area Code

590-0377

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

TO
ARTICLES OF ORGANIZATION
OF

NP Contract, LLC

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

2022 NOV -8 PM 12:34

FILED

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L18600160652

This amendment is submitted to amend the following:

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

386 Wellness, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

533 N. Nova Rd
Suite 110
Ormond Beach FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

533 N. Nova Rd
Ormond Beach FL
321

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

Machelle Vallance
1508 State Ave

New Registered Office Address:

Enter Florida street address

Holly Hill, Florida 321
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.

Machelle Vallance

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
NP	King, Hope A Hope King	533 n. nova Rd Suite 114	<input type="checkbox"/> Remove
		Ormond Beach, FL 32131	<input checked="" type="checkbox"/> Change
		533 N. Nova Rd Suite 114	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Ormond Beach FL 32132	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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please
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address
Manager King, Carl J
please
change address

[illegible]

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.

Dated 11/4/2022.

Stoll King
Signature of a member or authorized representative of a member

Hope King
Typed or printed name of signer

Filing Fee: \$25.00