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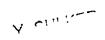
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COVER LETTER

eud ie <i>c</i> t.	JUPITER WELLNESS CENTER, LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all coπespo	ndence concerning this matter	to the following:		
		JUAN VIDAL, MD			
		JUPITER WELLNESS CE	Name of Person		
Firm/Company 4600 MILITARY TRAIL SUITE 110					
		JUPITER, FL 33458	Address		
For further i	nformation c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	ication)	
LORI J BEI			561 371-6412 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	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:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tałlahassee, 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

JUPITER WELLNESS CENTER, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L18000196766	by were filed on 07/29/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4600 MILITARY TRAIL SUITE 110	
(Principal office address MUST BE A STREET ADDRESS)	JUPITER, FL 33458	
Enter new mailing address, if applicable:	2019 NOV 2	
(Mailing address MAY BE A POST OFFICE BOX)	7)	
	<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the n	
Name of New Registered Agent: LORI J BEDG	OYA	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin 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.

Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	LORI J BEĐOYA	4600 MILITARY TRAIL #110 JUPITER, FL 33458	Add
			☐ Remove
			Change
MBR	YENNISLEYDI JIMENEZ COBOS		Add
		4600 MILITARY TRAIL #110 JUPITER, FL 33458	■ Remove
			Change
AMBR	JUAN VIDAL, MD	JUPITER, FL 33458	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
NOVEMBER 19, 2019	
E. Effective date, if other than the date of filing:	07 (3) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated	
Signature of a number of authorized representative of a member	
LORI LIBEDOYA	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00