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SECRETARY OF SHALL DIVISION OF COLUMN

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COVER LETTER

	Registration Se Division of Cor			
SHARR		ve Wellness Organization, LLC		
SUBJEC	T:		ited Liability Company	
The enck	osed Articles of .	Amendment and fects) are sub	mitted for filing.	
Please ret	ium all correspo	ndence concerning this matter	to the following:	
		Eleni C. Pantaridis		
			Name of Person	
			Firm-Company	
		2385 NW Executive Cente	er Drive, Suite 100	
		Boca Raton, FL 33431	Address	
		eleni@collaborativetelecom		·····
		E-mail address: (to be used for future annual report notif	lication)
For furthe	er information co	oncorning this matter, please co	all:	
Eleni C.	Pantaridis		561 981-2685 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Fiting Fee	■ \$30.00 Filling 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, F1, 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

Collaborative Wellness Organization, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on September 6, 2018	and assigned
Florida document number £18000213005		
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	Ltability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
		<u> </u>
		S 8
Inter new mailing address, if applicable:		- 1 23
Mailing address MAY BE A POST OFFICE BON)		28 555 8 555
		<u> </u>
		<u>ن</u> ج
 If amending the registered agent and/or registere registered agent and/or the new registered office address 	·	the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	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 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	Rachel Torres	2385 NW Executive Center Drive. Suite 100, Boca Raton, FL 33431	■ Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	
AMBR	Eleni C Pantaridis	2385 NW Executive Center Drive,	Change
		Suite 100, Boca Raton, FL 33431	
			□ Remove
			Add
			☐ Remove
			Change
-			🗖 Add
			Remove
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			Remove
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be the new Mana	er.	
		
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	09/24/2018	
n effective date is listed ote: If the date insert	than the date of filing: the date must be specific and cannot be prior to date of filing in this block does not meet the applicable statutor to on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0. ry filing requirements, this date will not be listed
	a delayed effective date, but not an effec r the record is filed.	tive time, at 12:01 a.m. on the earlier
ted		
	·	

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Typed or printed name of signee

Filing Fee: \$25.00