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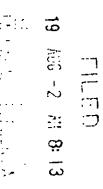




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AUG 0 8 2019 S. YOUNG



COVER LETTER

SUBJECT:	MOSAIC V	VELLNESS AND EDUCATIO	N LLC				
SUBJECT:	Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		DAVID COLLURA					
		MOSAIC WELLNESS AN	Name of Person ND EDUCATION LLC				
		454 NE 65 ST	Firm/Company				
		MIAMI FL 33138	Address				
		City/State and Zip Code MOSAICWE@GMAIL.COM					
m		·	·	cation)			
DAVID CO		oncerning this matter, please ca	Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: //ID COLLURA Name of Person				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for tl	ne following amount:					
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

MOSAIC WELLNESS AND EDUCA	TION LLC			
(Name of the Limited)	Liability Company as it now appears on our re- Florida Limited Liability Company)	1.		
The Articles of Organization for this Limited Liab	ility Company were filed on 09/14/2018	and assigned		
Florida document number L18000218921	·	22 - 2 3 - 23 - 23		
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic	0	ords, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	New Registered Office Address: Enter Florida street address			
-	4)	, Florida		
	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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> MARTIN AZAMBUYA	Address	Type of Action
MGR	MAKTIN AZAMBOTA	454 NE 65 ST, MIAMI, FL 331	<i>38</i> ■ Add
			Remove
			Change
MGR	LUIS MINERO	454 NE 65 ST, MIAMI, FL 33138	Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
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			Change
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Effective date, if other than the d	ate of filing:		(optional)
Effective date, if other than the difference date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to k does not meet the applica	o date of filing or more than ble statutory filing requir	90 days after filing.) Pursuant to 605,020 ements, this date will not be listed as
ne record specifies a delayed of The 90th day after the recor	effective date, but not d is filed.	an effective time, a	t 12:01 a.m. on the earlier o
Dated July 28th	, 2019	- ·	
Der-	ignature of a member or author	in dental in the man	nhar
S	ignature of a member or author	писа тергевентацие от а тег	HIJGI
David Collura			
	Typed or printed	name of signee	

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

Page 3 of 3

Filing Fee: \$25.00