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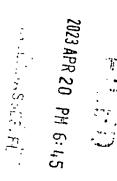
(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration Section Division of Corpora		è		
SUBJ	ECT:	ALL ABO Name of L	UT WINE,	LLC	
The en	nclosed Articles of Amo	endment and fee(s) are s	ubmitted for filing.		
Please	return all corresponder	nce concerning this matt	er to the following:		
	-	MARK	DELA HUNT  Name of Person	<u>-</u> Y	
	-	ALL	ABOUT WIN	IE, LLC	
	-	8441	SW 114 <sup>TH</sup>	STREET	
	-	miAM	City/State and Zip Code	56	
	_	M D ∈ E-mail address	LAHUNTY 197	73 @ GMAIL .	. Com
For fur	ther information conce	rning this matter, please	call:		
	MARK D Name of Pers	ELAHUNT	at (305) 53	27 - 9020 Daytime Telephone Number	<del></del>
Enclose	ed is a check for the fol	lowing amount:			
<b>≥</b> \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat sed) Certified	e of Status &

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

ALL ABOUT			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our reliability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000280810</u> .	were filed on 12/0	6/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
WELLNESS HEALTH	MONKEY,	LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			교 <u>과 · 개</u>
(Principal office address MUST BE A STREET ADDRESS)	N/A	<u> </u>	70
	<del></del>		0 ;
Enter new mailing address, if applicable:		سرد اس دور	PH 6:
(Mailing address MAY BE A POST OFFICE BOX)	N/A	, <u>i.</u>	<u></u>
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, en		the new registered
	77-	, Florida	
	City	Zi	p 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 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
			□Add
		<del> </del>	Remove
			☐ Change
			□Add
			□Remove
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	THIS AMENDMENT IS SOLELY TO CHANGE
	THE NAME. ALL OTHER INFORMATION
_	TO REMAIN UNCHANGED.
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(If an effect Note: I	e date, if other than the date of filing:
he record ord is file	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 d.
Dated	04/15 , 2023
_	
_	

Typed or printed name of signee