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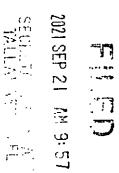
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: EVO	ve Wellness	LLC	
	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Andrea Pe	Name of Person	
	Evolve u	DELLINESS LLC Firm/Company	-
	13742 FV	MPERIAL TOPA	2 Trail
	Delray Br	each, FC 33 City/State and Zip Code	446
	O PENN 013 E-mail address: (to	21 @ g mail. CE	SEC SEP
For further information c	concerning this matter, please ca	11:	<u> </u>
Andrea Name o	Penn of Person	at (732) 735.4 Area Code Daytime	7531 A Solution Number Solution St.
Enclosed is a check for t	he 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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporate Control of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.UC

TUDING INPLIANCE

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our rected Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L\8000 286 994</u> .	any were filed on 12/14/2	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street add	dress Florida
-	City	Zip Gpde
New Registered Agent's Signature, if changing Registered Age	ent:	m 37

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
President, CEO	Andreal. Penn	13742 Imperial TUPEZ TOL	【 □Add
	·	Delvay Beach, FL 33446	X Remove
			□Change
MGR	Andrea C. Penn	13742 Imperial Topez T	
		Duray Beach, PL 334	46 □Remove
			□ Change
			□Add
		□Remove	
		<u> </u>	Change 202
			S Add 7
		TALLAHACARA	Remove
			Change
			🗆 Add
		Remove	
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tive date, if other than	the date of filing:		(01	otional)	
fective date is listed, the date If the date inserted in the	he must be specific and cannot his block does not meet the he Department of State's r	applicable statutory	or more than 90 days a	tter filing.) Pu	rsuant to 605.0 I not be listed
nent 3 encetive date on c	no isoparanon di Sant I				
ord specifies a delayed eff iled.	fective date, but not an effe	ective time, at 12:01 a	.m. on the earlier of:	(b) The 90	Oth day after
geptembe	2. Penno Signature of a member	·			
Andrea	L. Penn				
Andrea L	Signature of a member	or authorized represent	ative of a member		