

L19 000007306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

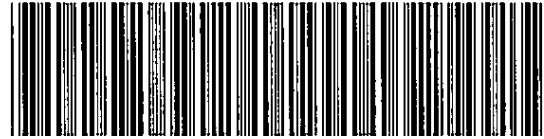
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600374364866

10/04/21--01045--012 **25.00

FILED
2021 OCT -4 PM 5:04
SEC. OF STATE
TALLAHASSEE, FL

D BRUCE

OCT 08 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Natural Healing and Wellness of FLorida LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Vega

Name of Person

VP Enterprises Management Inc

Firm/Company

SW Darwin Blvd , Suite B

Address

Port Saint Lucie, FL 34953

City/State and Zip Code

mvega@vp-ent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Vega

772
at ()

626-3246

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

FILED
2021 OCT -4 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Natural Healing and Wellness LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-04-2019 and assigned
Florida document number L19000007306.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VP Enterprises Management Inc

New Registered Office Address:

600 SW Darwin Blvd, Suite 101B

Enter Florida street address

Port Saint Lucie

City

Florida 34953

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mary Velasquez	8405 Cobblestone Drive	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34945	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VP Enterprises and Associates Inc	600 SW Darwin Blvd, Suite 201	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 OCT 4 PM 5:06
 201
 SECRETARY OF STATE
 TALLAHASSEE, FL


2021 OCT -4 PM 5:04
SECRETARY OF THE
TALLAHASSEE COUNTY

2021 OCT -4 PM 5:04
SECRETARY OF STATE
TALLAHASSEE FL

7
 8
 9
 10
 11
 12

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 21 2021


Signature of a member or authorized representative of a member

Typed or printed name of signee