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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

	tration Section of Corp		·		
	latural Wel	lness Center LLC		\$, **	
SUBJECT: _		Name of Lim	ited Liability Company		<i>?•</i>
				port notification) 9840 Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return al	ll correspor	ndence concerning this matter	to the following:		
		Jonathan Smith			
		-	Name of Person		
		Natural Wellness Center L	LC		
			Firm/Company		
		18661 SW 41st ST			
			Address	· -	
		Miramar, FL 33029			
		·	City/State and Zip Code		
		jsmith@Miracleleaffl.com	to be used for future annual report n	otitication)	
For further info	ormation co	oncerning this matter, please of	<u>-</u>	ouried (Only)	
Jonathan M Su	nith		305 799-9840		
	Name of	Person	at () Area Code Days	ime Telephone Number	
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		c following amount:	D 655 00 NW	□ #40.00 Pili	,
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Cop	Status & y
\$ 4 111:	ng Addus		Street Address:		
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		orporations		-	
P.O.	Box 632	1	i ne Centre of	i ananassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natuari Wellness Center LLC	ited Liability Company as it now as	meers an our rocards)	
(Name of the Limit	ited Liability Company as it now ap (A Florida Limited Liability Compa	ny)	
he Articles of Organization for this Limited I	Liability Company were filed or	n 01/28/2019 and ass	igned
orida document number L19000028489	·		
Florida document number L19000028489 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)			
. If amending name, enter the new name o	of the limited liability compan	y here:	
e new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.	L.C."
nter new principal offices address, if appli	cable:		<u>s ç)</u>
Principal office address MUST BE A STRE	ET ADDRESS)	721	5 T.
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<u> 1 Aailing address MAY BE A POST OFFICE</u>	<u></u>	23.0	- Pr. 5
		<u> </u>	 -
ent and/or the new registered office addre	ess here:	ur records, <u>enter the name of the nev</u>	v regist€
Name of New Registered Agent:	Johanan M Simul		
New Registered Office Address:			
	Enter	r Florida street address	
	Miramar	, Florida 33029	
	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	Jonathan M Smith	18661 SW 41st ST Miramar FL 33029	= Add
			🗆 Remove
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Effective date, if other than the date of filing: [20/17/2021 [40 effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: [40 filed inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [41 crecord specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after dis filed. [42 dated February 17	_
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Filing Fee: \$25.00