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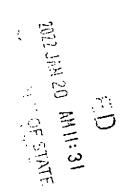
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COVER LETTER

Division of	Corporations			
	llness Center, LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Alberto D. Lazo			
		Name of Person		
	Isle Wellness Center, LLC			
Firm/Company				
1043 NW 40 ST				
Address				
	Miami, FL 33127			
		City/State and Zip Code		
	islewellnesscenter@gmail.c			
	E-mail address: (to be used for future annual report noti	fication)	
For further information	on concerning this matter, please c	all:		
Alberto Lazo		786 728-6872		
Nan	ne of Person	at ()	e Telephone Number	
Enclosed is a check for	or the following amount:			
□ \$25.00 Filing Fee	S \$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)	

TO:

Registration Section

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

Isle Wellness Center, LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	I on 02/11/2019 and assigned
lorida document number 1.19000034810	•
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability comp	eany here:
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	022
	C. P.
	7. 10
. If amending the registered agent and/or registered office address or	our records, enter the name of the new register
gent and/or the new registered office address here:	OF STATE
	υ ω
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Ex	nter Florida street address
	, Florida
City	

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>	Name	Address	Type of Action
MGR	Angela M. Riverra	4721 SW 31st Drive West Park, FL 33023	= Add
			□Remove
			□Change
			□Remove
			□Change
	····		□Add
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Effecti	ve date, if other than the date of filing:
H an effe Note: 1	ctive 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	int's effective date on the Department of State's records.
e record and 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
ra is inc	d.
,	December 21 2021 7
1	
Dated _	
Dated ¹	Thirt Par
Dated ¹	Signature of a member or authorized representative of a member
Dated _	Signature of a member or authorized representative of a member Alberto Lazo

Filing Fee: \$25.00