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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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### **COVER LETTER**

## TO: Registration Section Division of Corporations

LACTATION AND WELLNESS CONSULTANTS OF BREVARD, LLC

SUBJECT:					
		ited Liability Company		DEPA NYISIO 'ALL	2024 JUL 29
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		RTMEN N OF CC NHASSE	= 29
Please return all correspo	ondence concerning this matter	to the following:		F OF S	PK
	Christy Vergara			ORIDA	PM 12: 01
	<del>.</del>	Name of Person		-	
		Firm/Company		-	
	209 Freddie Street				
		Address		=	
	Indian Harbour Beach, FL	32937			
	hello@brevardlactationwell	City/State and Zip Code ness.com		-	
	E-mail address: (	to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
Christy Vergara		575 551-0527			
Name o	f Person	at () Area Code Daytimo	Telephone Number	<u> </u>	
Enclosed is a check for the	ne following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite 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

LACTATION AND WELLNESS CONSULTANTS OF BREVARD, 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 \_ Florida document number \_\_\_\_\_L19000050496 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WellXperience LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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: New Registered Office Address: Enter Florida street address

#### 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.

City

, Florida \_

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
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