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R. HUNT 06/27/25 JMU

COVER LETTER

TO:	Registration Se Division of Cor			••
CIID II	ECT. FLOR	LASCENTIA HEA	LTH AND WELLNE	SS LLC
20031	bC1: _/_F_5	Name of Lim	ited Liability Company	······································
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LAUREN	BEZIER	
			Name of Person	
		FLORASCEN	ATIA HEALTH AND	WELLNESS LLC
			Firm/Company	
		4010 KEY LI	ME BLVD	
			Address	
		BOYNTON BE	4CH FL 33436	
			City/State and Zip Code	
		LAURENSLAR	EZ @ PROTON. ME	
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please c	all:	
_L.	AUREN BE		at (724) 766 ·	3799
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for the	ne following amount:		
53 \$ 2	5.00 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 Addres		Street Address:	ation
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	•	The Centre of	-
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORASCENTIA HEALTH AND		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	npears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on	07/22/2019 and assigned	
Florida document number <u>L1900188085</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	y here:	
TRES LILIES OF THE PALMAS LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	2023)
	Z	
Enter new mailing address, if applicable:	ءِ حَ	7 <u>2</u> -
(Mailing address MAY BE A POST OFFICE BOX)	7 5	3 - 0
	- A 0	3 <u></u>
		·
B. If amending the registered agent and/or registered office address on ou	O 🗜	sterec
agent and/or the new registered office address here:		
Name of New Registered Agent:		_
New Registered Office Address:		
Enter	r Florida street address	
<u></u>	, Florida	
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
AMBR	JUAN PABLO SUAREZ	4010 KEY LIME BLUD	tXAdd
		BOYNTON BEACH, FL 33436	□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			
			□ Remove
			Change
			□Add
			□Remove
			🗆 Add
			□ Remove
			□Change
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
ne reco	rd 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 iled.
Dated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Typed or printed name of signee