

L19000 219 250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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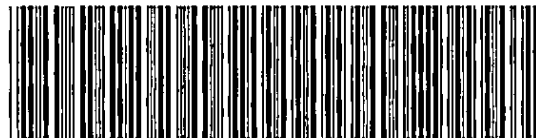
(Business Entity Name)

(Document Number)

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2019 NOV 20 AM 8:39

NOV 18 2019
AM 10:39

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

Wellness For All With Dr. Paul, PLLC

(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 08/27/2019 and assigned
Florida document number L19000219250

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Validity Nutraceuticals, PLLC

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:

3901 NW 79th Ave., Suite 245 #783

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33166

Enter new mailing address, if applicable:

3901 NW 79th Ave., Suite 245 #783

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33166

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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

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 November 14 2019

Paul A. Dowdy, MD

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Filing Fee: \$25.00