## L19000233850

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7





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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

· **OF**·

Manifested Wellness, LLC			:		
( <u>Name of the Limi</u>	ted Liability Compar (A Florida Limited L	ny as it now appears on our r liability Company)	ecords.)		
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned		
Florida document number L19000233850	·		-		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		1331 S Federal hwy, apt. N108			
(Principal office address MUST BE A STREET ADDRESS)		Boynton Beach, Fl 33435	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1331 S Apt. DIC Boynton	Federal hwy. Bench, FL 334135		
B. If amending the registered agent and registered agent and/or the new registered o	Ų.		ords, enter the name of the new		
Name of New Registered Agent:	Dean Fazzolari				
New Registered Office Address:	New Registered Office Address: 1331 S Federal hwy, apt. N108				
	12 . 12 l	Enter Florida street a			
	Boynton Beach	City	, Florida 33435 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> ritle</u>	<u>Name</u>	Address	Type of Action
MBR	Dean Fazzolari	1331 S Federal hwy, Boynton Beach, Fl 33435	
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Effontiv	data if other	than the c		/08/2019		(antional)	
Note: If	the date inserte	d in this blo	be specific and cannock does not meet to partment of State's	he applicable stati	filing or more than story filing requi	90 days after filing rements, this date	) Pursuant to 605.0207 will not be listed as t
	rd specifies a Oth day afte			, but not an eff	ective time, a	at 12:01 a.m.	on the earlier of:
			•	19			
The 9	tober 8th		··	· · ·			
The 9	ctober 8th		Signature of a memb	- File	J		

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Filing Fee: \$25.00