

Florida Department of State

Division of Corporations

Electronic Filing/Cover Sheet

L19000247376

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPTIMAL HEALTH & WELLNESS FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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JAN 22 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTIMAL HEALTH & WELLNESS FLORIDA 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 10/01/2019 and assigned
Florida document number L19000247376.

This amendment is submitted to amend the following:

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

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:

(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: Corporate Creations Network Inc.

New Registered Office Address: 801 US Highway 1
Enter Florida street address

North Palm Beach, Florida 33408
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.



Lauren Underwood, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

FILED
 2020 JAN 21 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FL

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>
AMBR	Optimal Health LLC	5760 Legacy Drive, Suite B3-436	<input checked="" type="checkbox"/> Add
		Plano, TX 75024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 21 AM 10:30

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 JAN 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

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IN TYPING UNIT
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11
11
11

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

Effective date, if other than the date of filing: _____ (Optional)
(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated January 20, 2020



Signature of a member or authorized representative of a member

Lauren Underwood, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00