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To:

15612148442

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
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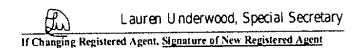
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTIMAL HEALTH & WELLNE			
(Name of the Limit	ed Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company were filed on 10/01/	2019 and as	signed
Florida document number L19000247376			3
This amendment is submitted to amend the following	owing:	EORETA TALLA-	onon IAN 2
A. If amending name, enter the new name o		36 C	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the design	nation "LLC" or the abbreviation "I	きし
Enter new principal offices address, if applic	rable:	75	00
(Principal office address MUST BE A STREE	ET ADDRESS)	[7]	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our reco	ords, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:	Corporate Creations Network Inc.		
New Registered Office Address:	801 US Highway 1		
	Enter Florida	istruet address	
	North Palm Beach	, Florida 33408 Zip Cod	
	City	Zip Cod	ľ

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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Optimal Health LLC	5760 Legacy Drive, Suite B3-436	■Add
		Plano, TX 75024	□Remove
			□Change
			□Add
			SECKE ASS
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Effective date, if other than the date of (If an effective date is listed, the date must be speci. Note: If the date inserted in this block does document's effective date on the Department.	inot meet the applica	o date of filing or more ble statutory filing re	(options than 90 days after fili equirements, this da	il) ng.) Pursuant t ite will not b	io 605.0207 e Tisted as (
the record specifies a delayed effective date, becord is filed.	ut not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
Dated	, 2020	<u> </u>			
Signatur	e of a member or autho	rized representative of	a member		_

Typed or printed name of signee