

L20 000 002 661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

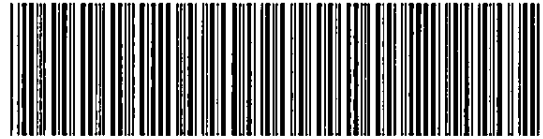
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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24 JUN 18 AM 5:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

SUBJECT: Division of Corporations

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wen Li

Name of Person

Eastern Natural Healing & Wellness LLC

Firm/Company

2610 Bee Ridge Rd

Address

Sarasota FL 34239

City/State and Zip Code

BlueOceanSpa2020@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wen Li

Name of Person

at 646

Area Code

898-8869

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Eastern Natural Healing & Wellness, 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 12/31/2023^{ue} and assigned
Florida document number L20000002601 12/20/2019

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:

Wen L.

New Registered Office Address:

2610 Bee Ridge Rd

Enter Florida street address

Sarasota

City

Florida

34237

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.

Wen L.

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>
MGR	Lizhi Zhang	2610 Bee Ridge Rd	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Lizhi Zhang	2610 Bee Ridge Rd	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wen Li	2610 Bee Ridge Rd	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Wen Li	2610 Bee Ridge Rd	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated 00/12. 2024

Typed or printed name of signee

Filing Fee: \$25.00