

L200000 22479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

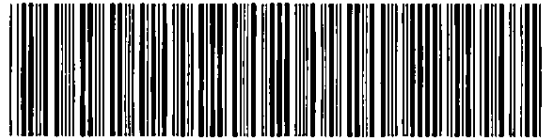
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11:23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DB Innovative Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgiette Brown

Name of Person

DB Innovative Services, LLC

Firm/Company

10360 SW 186 ST Unit 970615

Address

Miami, Florida 33157

City/State and Zip Code

drghealthandwellness@gmail.com

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

For further information concerning this matter, please call:

Georgiette Brown 786 274-3190
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DB Innovative Services, 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 1/24/2024 and assigned Florida document number L20000022479.

This amendment is submitted to amend the following:

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

Dr. G's Health and Wellness, LLC

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:

18591 South Dixie Highway #1099

(Principal office address MUST BE A STREET ADDRESS)

Cutler Bay, Florida 33157

Enter new mailing address, if applicable:

18591 South Dixie Highway #1099

(Mailing address MAY BE A POST OFFICE BOX)

Cutler Bay, Florida 33157

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:

18591 South Dixie Highway #1099

Enter Florida street address

Miami

Florida 33157

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

[illegible]

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

Add title of Owner to authorized person to show as Georgiette Brown, CEO/Owner

[illegible]

E. 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 February 13, 2024


Signature of a member on

Signature of a member or authorized representative of a member

Georgiette Brown

Typed or printed name of signee

COVER LETTER

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Division of Corporations**

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Name of Person

DB Innovative Services, LLC

Firm/Company

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Miami, Florida 33157

City/State and Zip Code

drghealthandwellness@gmail.com

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

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Georgiette Brown

786 274-3190
at ()

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Area Code

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Certificate of Status

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(additional copy is enclosed)

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Division of Corporations
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Tallahassee, FL 32314

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The Centre of Tallahassee
2416 N. Monroe Street, Suite 2010
Tallahassee, FL 32310

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(Principal office address MUST BE A STREET ADDRESS)

Cutler Bay, Florida 33157

Enter new mailing address, if applicable:

18591 South Dixie Highway #1099

(Mailing address MAY BE A POST OFFICE BOX)

Cutler Bay, Florida 33157

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Name of New Registered Agent:

New Registered Office Address:

18591 South Dixie Highway #1099

Enter Florida street address

Miami

City

, Florida 33157

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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

[illegible]

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

Add title of Owner to authorized person to show as Georgiette Brown, CEO/Owner

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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Dated February 13 2024

Signature of a member or authorized representative of a member

Georgiette Brown

Typed or printed name of signee