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 : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone

: (305)937-7773

Fax Number : (815)301-2897

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

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FEB 1 3 2020

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## 70000

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

WELL FLAX LLC		is an appearant on our records	.1		
(Name of the Limite	A Florida Limited Linb	es it now appears on our records ultry Company)			
The Articles of Organization for this Limited Lie Florida document number L20000037516	ability Company wo	ere filed on 01/31/2020	and assigned		
This amendment is submitted to amend the follo	wing:		<b>20</b> SE		
A. If amending name, enter the new name of	the limited liabilit		A C C C C C C C C C C C C C C C C C C C		
The new name must be distinguishable and contain the wi	ords "Limited Liability	Company," the designation 1.100			
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)					
B. If amending the registered agent and/or rengent and/or the new registered office address	egistered office add s here:	dress on our records, <u>enter</u>	the name of the new registered		
no Constant	ERIC ONTMAN				
Name of New Registered Agent:	3017 GREENE ST	TREET			
New Registered Office Address:	3017 CINCLE 12 0	Enter Florida street addre	11		
	SIGN EVENOVE	r	lorida 33020		
	HOLLYWOOD	- Cin-	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 ugent as provided for in Chapter 605, F.S. Or, if this document is being filed to increly 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BENAMI, MAOR	3017 GREENE ST	DAdd
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ecord specifies a delayed ef is filed.	Tective date, but not an effective	time, at 12:01 a.m. on the car	lier of: (b) The 90th	day after the
ated 02/12	2020			
	Demin'	•		

Typed or printed name of signee