

L200000038077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

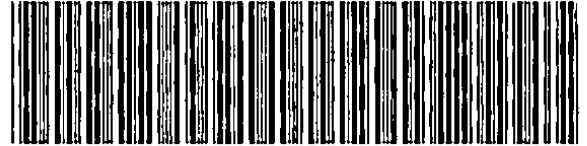
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 22 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evolv Wellness, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Zide Mooni

Name of Person

Evolv Wellness, LLC

Firm/Company

10651 N Kendall Drive, Suite #201

Address

Miami, FL 33176

City/State and Zip Code

zide@evolvwellness.com

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

For further information concerning this matter, please call:

Zide Mooni

Name of Person

at (305) 898-0350

Area Code

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

November 18, 2022

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

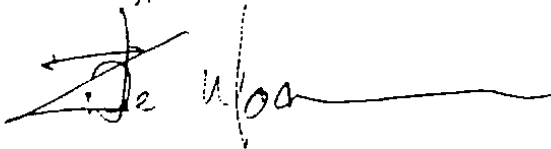
Please find enclosed the form for the amendment of removal of Stephanie Garcia.

Also find enclose check #906 in the amount of \$25.00 as payment for the filing fee.

If you have any questions or concerns, please do not hesitate to contact me at 305.898.0650 or by email at zide@evolvwellness.com.

Thank you in advance for the attention to this matter.

Sincerely,



Dr. Zide Mooni
AP, PMD, BAMS
Evolv Wellness, LLC
10651 N. Kendall Drive, Suite #201
Miami, FL 33176
305.596.0858
zide@evolvwellness.com

2022 NOV 22 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

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

Evolv 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 01/31/2020 and assigned
Florida document number L20000038077.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
Director	Stephanie Garcia	9336 SW 163rd Place	<input type="checkbox"/> Add
		Miami, FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL

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

N/A

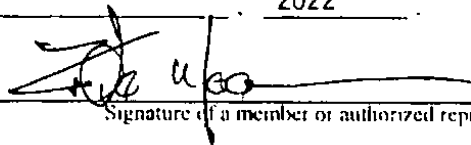
E. Effective date, if other than the date of filing: _____ (optional)

(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)(1)

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 November 11, 2022



Signature of a member or authorized representative of a member

Zide Mooni

Typed or printed name of signee

Filing Fee: \$25.00