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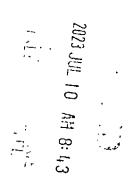
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| 10: | Registration Se Division of Cor | | | i i |
|--|------------------------------------|---|---|---|
| SIRIE | CT: <u>well</u> wa | Y, LLC | | |
| SOBJE | | Name of Lin | nited Liability Company | |
| The enc | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please r | return all correspo | ondence concerning this matter | to the following: | |
| | | BRETT PARENT | | |
| | | | Name of Person | |
| | | WELLWAY, LLC | | |
| | | | Firm/Company | |
| | | 1412 RAINTREE LANE | | |
| | | | Address | |
| | | MOUNT DORA, FL 3275 | 57 | |
| | | | City/State and Zip Code | |
| | | bparent@wellway.com | | |
| For first | her information o | E-mail address: t concerning this matter, please c | to be used for future annual report no | ouffeation) |
| | | oncerning this matter, prease c | | |
| DARE | NTZ | | 206 409-3178 Area Code Dayti | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclose | d is a check for th | ne 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) |
| | | | Street Address: Registration S | ection |
| Division of Corporations | | | Division of Co | orporations |
| | | | The Centre of | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Registration S Division of Co The Centre of | orporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JUL 10 AM 8: 43

| ·WELLWAY SWIFE E | DC WELLWAY, LLC | ,,,, G |
|---|---|--|
| (<u>Num</u> | e of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| The Articles of Organization for thi Florida document number $\frac{1.2000000}{1.2000000000000000000000000000000000000$ | s Limited Liability Company were filed on MARCH 4, 2020 | and assigned |
| This amendment is submitted to am | end the following: | |
| A. If amending name, enter the n | ew 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 | ne abbreviation "L.L.C." |
| Enter new principal offices addre | ss, if applicable: | |
| (Principal office address MUST B | E A STREET ADDRESS) | |
| | - | |
| Enter new mailing address, if app | licable: | |
| (Mailing address MAY BE A POS) | T OFFICE BOX) | |
| | · | |
| B. If amending the registered age agent and/or the new registered o | nt and/or registered office address on our records, <u>enter the n</u> ffice address here: | ame of the new registereg |
| Name of New Registered . | Agent: | |
| New Registered Office Ad | dress: | |
| • | Enter Florida street address | |
| | , Florida | |
| New Registered Agent's Signature, i | City Cebanaina Pagistorad Saants | Zip Code |
| I hereby accept the appointment of provisions of all statutes relative accept the obligations of my posit | is registered agent and agree to act in this capacity. I further to the proper and complete performance of my duties, and I a ion as registered agent as provided for in Chapter 605, F.S. G nge in the registered office address, I hereby confirm that the | m familiar with and Or, if this document is |

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 | Chris Schultheis | 1412 RAINTREE LANE | = Add |
| | | MOUNT DORA, FL 32757 | □Remove |
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| Effective date, if other than the (If an effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I | ist be specific and cannot be prior dock does not meet the applic | able statutory filing requireme | _ (optional) lays after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the |
| he record specifies a delayed effecti ord is filed. | ve date, but not an effective ti | me, at 12:01 a.m. on the earlie | er of: (b) The 90th day after the |
| Dated | 2023 | | |
| / | 5/ | | |
| | Signature of a member or author | rized representative of a member | , |
| | organizate of a method of autility | med representative of a member | |
| BRETT PARENT, MA | NAGER | | |
| | Typed or prints | ed name of signee | |

Filing Fee: \$25.00