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2021 DEC 13 1/11 to 41

A BUTLER DEC 2 8 2021

COVER LETTER

TO:	Registration Division of C			
e1:04e4		Wellness LLC		
SUBJEC	ui;	Name of Lim	ited Liability Company	
The encl	losed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		5511 Parkerest Drive STE	103	
			Address	
		Austin, Texas, 78731		
		·	City/State and Zip Code	
		fulfillment@zenbusiness.ec	om to be used for future annual report noti	e
1' CI				neationy
		s concerning this matter, please co	311:	
Michael	l Dempsey c/o	ZenBusiness INC	844 493-6249 at ()	
	Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for	r 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 Addi Registration Division of P.O. Box 6 Tallahassec	n Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	porations "allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iTutor & Wellness LLC

2021 DEC 13 AN 6- 40

(Name of the Limited Liability Compa	any as it now appears on our records.)	
(A Frontia Ellinica E	Liability Company)	
he Articles of Organization for this Limited Liability Company orida document number $\frac{1.20000080017}{1.000000000000000000000000000000000000$	were filed on $\frac{2020 \cdot 03 \cdot 12}{}$ and assi	gned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	pility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.I	C."
nter new principal offices address, if applicable:	2054 Vista Parkway	
Principal office address MUST BE A STREET ADDRESS)	Suite 400	
-	West Palm Beach, FL 33411	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
10 11 11 11 11 11 11 11 11 11	I a al eatherness	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new	regis
	address on our records, <u>enter the name of the new</u>	regi:
ent and/or the new registered office address here:		regis
vent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new	regis
gent and/or the new registered office address here: Name of New 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jacqueline Marie Bordelon	4321 Kingwood Dr.	□Add
		Suite 547	☐Remove
		Kingwood, FL 77339	≘ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove

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Signature of a member or authorized representative of a member		S	ignature of a member or author	rized representative of a m	mber	
Jacqueline Marie Bordelon Typed or printed pame of clarge.			Typed or prints	d name of signer		

Filing Fee: \$25.00