

L2000000 91726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

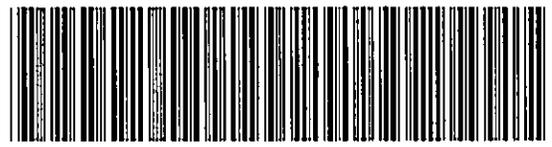
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR -3 AM 10:52

FILED

APR 15 2020

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

VERDE THERAPY HOLISTICS 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 03/27/2020 and assigned Florida document number 120000091726.

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:

(Principal office address MUST BE A STREET ADDRESS)

12717 W SUNRISE BLVD #151

SUNRISE FL.

33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12717 W SUNRISE BLVD #151

SUNRISE FL.

33323

SECRETARY OF STATE
CORPORATION DIVISION
2020 APR -3 AM 10:52
TALLAHASSEE, FLORIDA

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: _____

Enter Florida street address

_____, Florida _____

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alexander M. Peralta	12717 W Sunrise Blvd #151	<input type="checkbox"/> Add
		SUNRISE FL.	<input type="checkbox"/> Remove
		33323	<input checked="" type="checkbox"/> Change
AMBR	Alexis M. Peralta	12717 W Sunrise Blvd #151	<input type="checkbox"/> Add
		SUNRISE FL.	<input type="checkbox"/> Remove
		33323	<input checked="" type="checkbox"/> Change
AR	Rosa J. Rodriguez	2925 NW 130TH AVE APT.117	<input type="checkbox"/> Add
		SUNRISE FL.	<input checked="" type="checkbox"/> Remove
		33323	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FALL WASSER, FLORIDA
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