L20000140071

(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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Certified Copies Certificates of Status	_
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Division of C	orporations		
	Wellbeing LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Walid Boggio		
		Name of Person	
	Product Wellbeing LLC		
		Firm/Company .	
	1348 sw 160th ave		
	 	Address	
	Sunrise FL 33326		
		City/State and Zip Code	
	walidboggio@gmail.com		
		to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
Walid Boggio		954 205 6855 at ()	
Name	e of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	S30,00 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)
<u>Mailing Add</u> Registration		Street Address: Registration S	Section
-	Corporations	Division of C	Corporations
P.O. Box 6		The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Section

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

Product Wellbeing LL	- C
(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	and assigned
Florida document number L.20000140071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Builders LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		P. P
	<u> </u>	enters C
		, o 1
Enter new mailing address, if applicable:		2 —
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	et address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capaci	ty. I further agree to comply with th

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
•			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Remove
			□Change
			□ Add
		 	□ Rепюче
			□Change

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
he record ord is file	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 d
(Dated _	14 ² 25 ² 1
	(1-1/2)
	Signature of a member or authorized representative of a member
	Walid Boggio
	Typed or printed name of signee