LZ0000161919

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





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700 FT 20 FT 6:07

C. GOLDEN

UCT - 6 2020

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

то:	Registration So Division of Cor					
SUBJE	Align 4 Life Wellness, LLC					
SUBJE	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Matt Thompson				
			Name of Person			
		Band Law Group, LP				
			Firm/Company			
		One South School Ave. St	nite 500			
		 	Address			
		Sarasota, FL 34237				
			City/State and Zip Code			
		mthompson@bandlawgrou	p.com to be used for future annual report no	(diamina)		
For furth	ner information o	concerning this matter, please c	•	ancagon)		
	nompson		941 9170505			
	Name o	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed	d is a check for t	he 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 Addres Registration	Section	Street Address: Registration So			
	Division of C	corporations	Division of Co	rporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alien 4 Life Wellness, LLC

(Name of the Limited Liability Company as (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were		and assigned
Florida document number L20000161919		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ss on our records, enter the nam	e of the new registe
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	iiy.	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree to		
provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provi		
reing filed to merely reflect a change in the registered office addr		

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
MGR	Leah Taggerty	4837 Swift Rd, #202	□ Add
		Sarasota, FL 34231	■Remove
			□Change
MGR	Leah Haggerty	4837 Swift Rd, #202	= Add
		Sarasota, Fl. 34231	□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chan

		
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<u> </u>		
	it be specific and cannot be prior to date of food does not meet the applicable statut	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (fory filing requirements, this date will not be listed as t
ne record specifies a delayed effectivord is filed.	e date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after the
Dated August 14	. 2020	
<u></u>	 •2	
15 Jilla 4	X-	
JS Sellie 4	Signature of a member or authorized repre	esentative of a member

Filing Fee: \$25.00