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Certified Copies	_ Certificates	of Status
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	•	•	COVERLETTER	
	gistration Sec vision of Corp			
CHRIECT.		NESS WAY LLC	w.	,,
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ALBERTO HERNA	NDEZ AGUIAR	
			Name of Person	
		THE WELNESS WA	Y LLC	
			Firm/Company	
		9472 NW 120TH ST AP	Т 724	
			Address	
		HIALEAH GARDENS, F	FLORIDA 33018	
			City/State and Zip Code	
		ALBERTOAUTOADVIS	•	
		E-mail address: (t	to be used for future annual report notif	fication)
For further is	nformation co	oncerning this matter, please ca	all:	
ALBERTO HERNANDEZ AGUIAR		786 4983641 at ()		
	Name of	Person	Area Code Daytime	c Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 I	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WELLNESS WAY LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	07/15/2020 and assigned
Florida document number L20000204713	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	. 1~2
(Mailing address MAY BE A POST OFFICE BOX)	0 PE
	
B. If amending the registered agent and/or registered office address on our	\sim
agent and/or the new registered office address here:	records, enter the name of the new registr
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Florida street address
	Florida

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.

City

Zip Code

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	YARAIDY FERNANDEZ OJITO	9472 NW 120TH ST APT 724	🗆 Add
		HIALEAH GARDENS FL 33018	□ Remove
			Change
			🗆 Add
			□ Remove
			□Change
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ffective date is listed, the date must. If the date inserted in this bl	st be specific and cannot be lock does not meet the a	e prior to date of f applicable statut	ling or more than to ory filing require	00 days after filing ements, this date	p.) Pursuant to 605.0 will not be listed
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AUGUST 24TH	, 2021				
	4.1		dotloop verified 08/24/21 1:58 PM EDT 59CM-TTAK-7TFN-581E		

Typed or printed name of signee