LZO 000272397

· (Re	equestor's Name)	
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COVER LETTER

TO: Re	gistration S vision of Co	Section Orporations		4
SUBJECT:	Coastal In	fusion and Wellness PLLC		
SOURCE.		Name of Lin	nited Liability Company	
The enclose	d Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return	n all corresp	ondence concerning this matter	to the following:	
		Jamaal R. Jones, Esq.		
		<u> </u>	Name of Person	
			Firm/Company	
		3390 Mary Street, Suite 1	16	
		<u> </u>	Address	
		Coconut Grove, Florida 33	3133	
			City/State and Zip Code	
r			to be used for future annual report noti	fication)
ror further i	niormation o	concerning this matter, please c	all:	
Jamaal R. Jo	ones	_	305 877-5054	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	he following amount:		
■ \$25.00 F	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)
	lling Addres		Street Address:	
	gistration S		Registration Sec	
	osion of Co. Box 632	orporations 7	Division of Cor	
			ine contra at l	Clichococc

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22000113 PH 6:36

Coastal Infusion and Wellness, PLLC			
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on September 1, 2020 and assigned		
Florida document number L20000272397			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	18245 Paulson Drive		
(Principal office address MUST BE A STREET ADDRESS)	Port Charlotte, FL 33954		
Enter new mailing address, if applicable:	18245 Paulson Drive		
Mailing address MAY BE A POST OFFICE BOX)	Port Charlotte, FL 33954		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new register		
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 = M $AMBR = A$	Tanager Authorized Member		
<u>Title</u>	Name	<u>Addres\$</u> 220 00. 13 PH 6: 36	Type of Action
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_____ Change

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record 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 rd is filed. Dated Menanus of a member or authorized representative of a member							
Effective date, if other than the date of filing:					- 1 223 0 1 3	तेः हः उह	_
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Filing Fee: \$25.00