## LZ0000282061

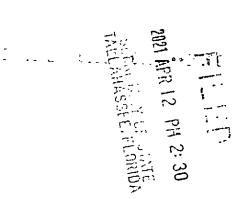
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration 8 Division of Co			
	Wellness Center, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Susic Estevez		
		Name of Person	
	Pincerest Wellness Center.	LLC	
		FirmCompany	
	9771 SW 45 Street		
		Address	
	Miami, FL 33165		
		City/State and Zip Code	
	pinecrestwellnesscenterlle@	gmail.com to be used for future annual report not	itication
For further information	concerning this matter, please c	·	,
Susic Estevez		786 999-9401	
Name	of Person	at () Area Code Daytin	ue Telephone Number
Enclosed is a check for	the 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 radditional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration Se Division of Co	
P.O. Box 63	•	The Centre of	· ·

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinecrest Wellness Center, LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our record orida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liabili Florida document number <u>L20000282061</u>	ty Company were filed on 09/09/2020	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	2021 AFR
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	:	<u> </u>
(Principal office address MUST BE A STREET AL	DDRESS)	2: 30 2: 30 RIDA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	·	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
_	, Flo	orida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Victor Estevez	8830 SW 129 Terrace	■Add
		Miami, FL 33176	□Remove
			□Change
			□Remove
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			70 Add - 11
			PR-Add - Add
			□Add
			□Remove
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ffective data if ather than t	ha data of filinge	4/9/2021		las	rtional)	
ffective date, if other than t an effective date is listed, the date i <u>'ote:</u> If the date inserted in this	nust be specific and ca	annot be prior to	date of filing or me	ore than 90 days a	fter filing.) Pursu	ant to 605,020
ocument's effective date on the			e statutory ming	g requirements.	anis date win a	or be fisted a
	tive date, but not ar	n effective time	e. at 12:01 a.m. c	in the earlier of:	(b) The 90th	day after the
l is filed.		2021				
l is filed.		2021				
record specifies a delayed effect is filed.  April 8  ated	Signature of a ne	——————————————————————————————————————	ed representative			

Filing Fee: \$25.00

ani, FL 38176: scrast Libiliass Center 30 Sw 129 Terrace



Registration Section Division of Corps
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303