## L70000317971

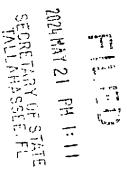
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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	TH TRANSITION PARTNER	RS. LLC				
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	JANICE LAMPRECHT					
	<del></del>	Name of Person				
	LIFEWEALTH TRANSIT	ION PARTNERS. LLC				
	270 W. PLANT STREET.	SUITE 240	35. 1004			
	<u> </u>	Address				
	WINTER GARDEN, FL 3	4787	SECKE LAPASSEE FLA			
		City/State and Zip Code				
	JANICE@LWTRANSITIO		निक्			
	E-mail address: (	to be used for future annual report notif	fication)			
For further information co	oncerning this matter, please c	all:				
JANICE LAMPRECHT		407 299-4129 at ( )				
Name o	f Person		e Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction			
Division of C	Corporations	Division of Corporations				
P.O. Box 632	.7	The Centre of 7	Lallanassec			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFEWEALTH TRANSITION PARTNERS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/07/2020	and assigned
lorida document number 1.20000317971		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		35.77
		THE THE PARTY OF T
Inter new mailing address, if applicable:		E.B. 2
Mailing address MAY BE A POST OFFICE BOX)		300 F C
		Alog :
		77 7
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		· -
	Enter Florida street address	
	, Flor	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	HILTON LAMPRECHT	270 W. Plant St. Stc. 240, Winter Garden, F1. 34787	<b>=</b> Add
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			□Add
			□Remove
			Change
			□Add
			Add CFCR Remove
			Chenge
			□Remove
			□Change
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ective da	te, if other than	the date of fi	iling:	01/01/20	24	(op	tional)	
n effective (	date is listed, the date date inserted in this	must be specific	e and cannot b	e prior to date o	t filing or more	than 90 days af	ter filing.) Pu	
	effective date on the				atory ming it	.quirements, t	ins date wii	i noi be risted
ecord spec is filed.	ifies a delayed effec	ctive date, but	not an effec	tive time, at 1	2:01 a.m. on i	he earlier of:	(b) The 90	oth day after th
ted	05   13	<u>.</u>	. 202	<u>4</u> .				
	10	M /						
	1/1/2							
	- H	Signature o	of a member o	r authorized rep	presentative of	ı member		