Florida Department of State Division of Camporati

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WELLACY, LLC

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OCT 24 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELLACY, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	(as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 10/29/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		2022
New Registered Office Address:	Enter Florida street address	000
	, Florida	
	Сиу	Zip Calle
New Registered Agent's Signature, if changing Registered Agent:		의
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	verformance of my duties, and I am	Jamiliar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
C00	ZAMEK, POVINCE	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊠ Remove
			□Change
······································			□Add
			□Remove
			□ Change
	·		□ Add
			□Remove
			Change
			□ Add
		404-41-41-41-41-41-41-41-41-41-41-41-41-41	□Remove
			□Change
			DAdd
			□ Remove
			□Change
			□Add
			□Remove

Effective date, if other than the date must be an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	ne specific and cannot be prior to date of the does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to story filing requirements, this date will not be	605.0207 (3 listed as the
	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day	after the
record specifies a delayed effective d is filed.			