

L20000336560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

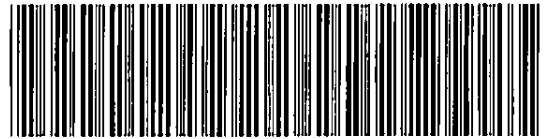
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2024 JUL 30 PM 6:10
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

AUG 13

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2024

BEST CHOICE WELLNESS AND LABORATORY LLC
SAYAN GRAHAM
3304 NW 29TH COURT
LAUDERDALE LAKES, FL 33311

SUBJECT: BEST CHOICE WELLNESS & AESTHETICS
Ref. Number: W24000101835

We have received your document for BEST CHOICE WELLNESS & AESTHETICS and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

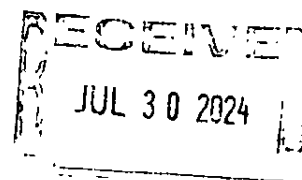
The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 824A00015196



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Choice Wellness and Laboratory LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sayan Graham
Name of Person

Best Choice Wellness and Laboratory LLC
Firm/Company

3304 NW 29th Ct Lauderdale Lakes FL 33311
Address

Lauderdale Lakes FL 33311
City/State and Zip Code

KATHEEL25@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sayan Graham at (954) 729-7706
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Best Choice Wellness and Laboratory LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/23/2020 and assigned
Florida document number L20000336560

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Best Choice Wellness and Aesthetics LLC
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:

(Principal office address MUST BE A STREET ADDRESS)

3902 West Commercial
Boulevard, Suite 101
Tamara FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, **Florida** 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 (3)(b)

If the 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 record is filed.

Dated 7/24/2024, _____

Signature of a member or authorized representative of _____

Susan Graham
Typed or printed name of signee

2024 JUN 30 PM 6:00
FALL 2024

Filing Fee: \$25.00