

120 000370798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

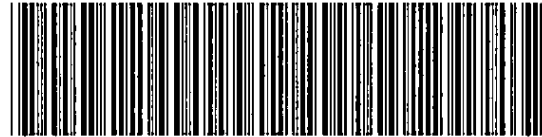
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400359841584

02/09/21--01029--016 **25.00

MAR 30 2021

S. YOUNG

2021 FEB -9 PM 5:08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Wellness and Hydration Center LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this filing to:

Bianca J. Burnett

Title or Position

The Wellness and Hydration Center LLC

Title or Position

944 Deltona Blvd, Unit 589

Address

Deltona, FL 32725

City, State and Zip Code

biancabj9@gmail.com

E-mail address (to be used to inform of filing report or status)

For further information concerning this matter, please call:

Bianca J. Burnett

by 510-7783

Name of Person

Area Code

Office Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$25.00 Filing Fee &

Certificate of Status

(Additional copies are \$5.00 each)

☐ \$50.00 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**

The Wellness and Hydration Clinic, 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 01/01/2021 and assigned
Florida document number L20000370798

This amendment is submitted to amend the following:

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

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)

580 Lexington Green Ln.

Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

580 Lexington Green Ln.

Sanford, FL 32771

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

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

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State records.

[Dated] February 1, 1961

Signature of Blanca Burnett _____ Date _____

⁷ reproduced and printed by permission of the publisher.

Filing Fee: \$25.00