## L20000379756

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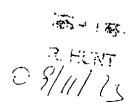
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## **COVER LETTER**

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he enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
lease n	eturn all correspon	idence concerning this matter	to the following:		
			TVIDUTE Name of Person		
		Dasis Wellh	USS and Count live	4	
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		Safety +	City/State and Zip Code		5859 PEL 11 LITE.
		ATYIDLH E-mail address: (	to be used for future annual report notice	lication)	
or furtl	her information co	ncerning this matter, please co	atl:		Ç
A	Name of	Person	at ( <del>727</del> ) <b>776 9</b> Area Code Daytimo	OLOC e Telephone Number	
nclose	d is a check for the	e following amount:			
<b>□ \$2</b> 5	.00 Filing Fee	Centificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		Street Address: Registration Sec	ction	
	Division of Co	orporations	Division of Cor	porations	
	P.O. Box 6327 Tallahassee, F		The Centre of T	allahassee e Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companied Limited Limit	y as it now appears on our records.) ability Company)
c Articles of Organization for this Limited Liability Company vorida document number <u>L Z0000379756</u> .	vere filed on 12 04 2020 and assigned
is amendment is submitted to amend the following:	2023 S
If amending name, enter the new name of the limited liabil	lity company here:
om Weditation and Welluss e new name must be distinguishable and contain the words "Limited Liability	LLC = #
thew hame must be distinguishable and contain the words. Eminted Flathing	+ TA 1.1 all a Class 1
iter new principal offices address, if applicable:	550 Maire Street
rincipal office address MUST BE A STREET ADDRESS)	Safety Harbor, the 3410AP
iter new mailing address, if applicable: <u>[ailing address MAY BE A POST OFFICE BOX]</u>	550 Main Street Safety Harbur, Fr 34695
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<del>\</del>
New Registered Office Address:	Enter Florida street address
	Stand In
	Florida
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the

ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
MBR	Byron Triplett	550 main street	
		Safety Harbor FL 3469	_ □Remove
			□Change
			□Add
			□Remove
			□Change
	****		□Adds YE. SEPpove M
		<del></del>	□Remove ☆∑
			□Chaffige (1) on No. 10 of No. 10 of Land of Land of the control of the contr
			□Ado
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	2023 SEI
	무 역 
	PM 12:
	— <b>10</b>
	<del></del>
Effective date, if other than the date of filing:	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ord is filed.	after the
Dated September 5, 2023.	
Signature of a member or authorized representative of a member	_
AMY TYPULH Typed or printed name of signee	