

L20000384383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
DIVISION OF CORPORATIONS  
2023 OCT 25 PM 12:40

R. HUNT  
10/25/23

CECILIA IBE  
2095 CLUB LAKE DRIVE  
ORANGE PARK, FLORIDA 32065  
3053357131

STATE OF FLORIDA  
DIVISION OF REVENUE  
2023 OCT 25 PM 12:40



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

CAI HEALTH WELLNESS 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 12/09/2020 and assigned Florida document number 120000384383.

This amendment is submitted to amend the following:

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

TTEMPLE POINT WELLNESS 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:**

2095 CLUB LAKE DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

ORANGE PARK

FL 32065

**Enter new mailing address, if applicable:**

2095 CLUB LAKE DRIVE

**(Mailing address MAY BE A POST OFFICE BOX)**

ORANGE PARK

FL 32065

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STATE  
2020 OCT 25 PM 12:40

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

Florida N/A

*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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2008  
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OFFICE OF THE  
COMMISSIONER OF  
CORRECTIONS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

2023 OCT 25 PM 12:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATION

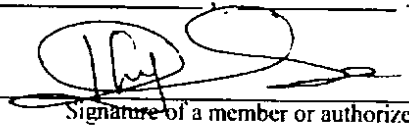
E. Effective date, if other than the date of filing: 10/20/23 (optional)

(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)

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's records.

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 October 20 2023



10-20-23

Signature of a member or authorized representative of a member

CECILIA IBE

Typed or printed name of signee