L20000387901

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	ivision of Cor			,
eun teca		Wellness at Home LLC Admer	ndment	
SUBJECT	ř: <u></u>		ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		Jody P. Franke		
			Name of Person	
		Pine Island Wellness at Ho	me	
			Firm/Company	
		4020 Pinetree Blvd		
			Address	
		Saint James City 33956		
			City/State and Zip Code	
		PIWellnessathome@gmail.c		
			o be used for future annual report	notification)
For further	r information c	oncerning this matter, please ca	ill:	
Jody P. FRanke		239 940-0767 at ()		
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed i	is a check for th	he following amount:		
□ \$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate 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 Addres	 -	Street Address	
Registration Section Division of Corporations		Registration Division of 0	Section Corporations	
	P.O. Box 632	•		of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000387901</u>	were filed on Dec	ember 11, 2020 ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or the abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable:	4020 Pinetree Bl		
(Principal office address MUST BE A STREET ADDRESS)	ticles of Organization for this Limited Liability Company were filed on December 11, 2020 and assigned document number L20000387901 and assigned document number L20000387901 and assigned document is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: Saint James City. FL 33956 Saint James City. FL 33956 mew mailing address, if applicable: Saint James City. FL 33956 Saint James City. FL 33956		
		<u>-</u>	
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			21
agent and/or the new registered office address here:	address on our re	ecords, enter the name of th	ne new registered
Now Projectored Office Address: 4020 Pinetree B	Blvd		
New Registered Office Address.	Enter Flori	ida street address	· · · · · · · · · · · · · · · · · · ·
Saint James Cit	ty Fi	Florida 33956	
	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>		

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>	Address	Type of Action
Mrs.	Jody P. Franke	4020 Pinetree Blvd. Saint James City, FL 33956	= Add
			□ Remove
			□Change
·			□Add
			□Remove
			□Change
,			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

The types of services to be pro	ovided will change from NO	N-MEDICAL to PERSO	ONAL CONCIERGE	
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ctive date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	be specific and cannot be prior sek does not meet the applica	to date of filing or more the able statutory filing requ	(optional) in 90 days after filing.) Pursuant irements, this date will not b	to 605.02 be listed
cord specifies a delayed effective filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after th
d	, 2021	<u> </u>		
		orized representative of a n		