## L21000033920

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certi	fied Copies Certificates of Status
Spe	ecial Instructions to Filing Officer:
<u> </u>	Office Use Only



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## **COVER LETTER**

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TO:	Registration Se Division of Cor					
	write to promi	ATE CROUDILG	•			
SUBJE		STATE GROUP LLC				
l I		Name of Limited Liability Company				
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Teressa Buchheit				
			Name of Person			
			Firm/Company			
		8961 Rails End Ct				
			Address			
		Fort Myers, FL 33919				
			City/State and Zip Code	<del></del>		
		shawn.buchheit@gmail.com				
1		E-mail address: (	to be used for future annual report no	itification)		
For fur	ther information co	oncerning this matter, please c	all:			
Shawn Buchheit			305 906-2016 at ()			
	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
1			0			
Mailing Address: Registration Section			<u>Street Address:</u> Registration S	ection		
Division of Corporations			Division of Co			
P.O. Box 6327			The Centre of	Tallahassee		
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810		
			Tallahassee F	Tallahassee FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 WELLESTATE GROUP 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 January 15, 2021 and assigned Florida document number L21000033920 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WELL ESTATE GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

## New Registered Agent's Signature, if changing Registered Agent:

Ichereby 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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member							
<u>lle</u>	Name	Address	Type of Action				
			□Add				
			□ Remove				
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If amending any other information	on, enter change(s) here	: (Attach additional sh	eets, if necessary.)	
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Effective date, if other than the d f an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applica	o date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursual rements, this date will not	nt to 605.0207 t be listed as
record specifies a delayed effective of is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th c	lay after the
Dated February 16	2021			!
/ tile	gnature of a member or autho	rized representative of a me	mber	<del></del>
Teressa Buchheit	1			
	Typed or printe	d name of signee		<u> </u>

Filing Fee: \$25.00