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## **COVER LETTER**

Division of Corpor	ations		
SUBJECT: Inde	penda Ll	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Pachel Qu Indep	vinn Padilla Name of Person enda LLC / R	zella Wellness Theo Services LLC
	1235 Ela	Hirm/Company  de(flower Dy  Address	<u> </u>
_	Niceville Ravinn	FL 32678 City/State and Zip Code Padilla @a mo o be used for future annual report notific	il com
For further information conc	erning this matter, please ca	N:	
Rachel Que	vinn Padil	10 at (805) 305- C	Y12 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 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 Address: Registration Sec		Street Address: Registration Sect	
Division of Corr	orations	Division of Corn	orations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

Independ	a LLC		2022 JI
(Name of the Limited Linb (A Flori	ility Company as it now appears of ida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L2100006176</u>		2/4/2021	and assigned 5
This amendment is submitted to amend the following:			<u> </u>
Rella Wellness Tr	nerapy Service	es LLC	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		rds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbrevial 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida			
	tted to amend the following:  Inter the new name of the limited liability company here:  Dell Ness Therapy Services Luc  Dishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"  Therapy Services Luc  Dishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"  Therapy Services Luc  Designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC"  Therefore address is a pplicable:  Be A POST OFFICE BOX  Stered agent and/or registered office address on our records, enter the name of the new registered gistered office address here:  Designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC"  Therefore address is a pplicable in the stere address on the stere address is a possible in the stere address in the		

## 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 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
			□Remove
		<del></del>	
			□Remove
	<del> </del>		□Add
	<del></del>		
			Change
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			□Change

nding any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)			
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and the first and another the date of fillings.	-15			
ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this di	ing.) Pursu			
	The 90th	day aft		
LU.	1		2022	
		1. 2 1 1	JUL	
07/01/2022	•	1 * 4		
07/01/2022.		in-	<u>_</u>	
Signature of a number or authorized representative of a member		SEET FLORID	-5 PH 1:19	
iii	ive date, if other than the date of filing:	live date, if other than the date of filing:  [coptional]  Plexitive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. ) Pursua  If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will no tent's effective date on the Department of State's records.  If specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th field.	ive date, if other than the date of filing:  [Coptional]  [Coptional]	live date, if other than the date of filing:  [cetive date is fished, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02.07  If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.  If 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 field.