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PICK-UP WAIT MAIL
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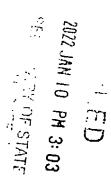
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A. RIVERS JAN 21 2022



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## **COVER LETTER**

TO: Registration Division of C	e Section Corporations	
SUBJECT:	Longville Acu LLC Some of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Leonie Wims	
	Leonie Wrms  Name of Person  Longville Wellness  Firm/Company	
	2717 East Oakland Park Blich	
	Suite 201. Ft. Lewdordale FL 3330  City/State and Zip Code  info @ long ville acu. Com  I:-mail address: (10 be used for future annual report notification)	X,
For further informatic	on concerning this matter, please call:	
Leonis	e Wims  at (414) 623-4593  Area Code Daytime Telephone Number	
Nan	ne of Person Area Code Daytime Telephone Number	
linclosed is a check for	or the following amount:	
Z \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enciosed) Certified C	of Status &

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

Street Address:
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

Longuille A cu	LLC
( <u>Namé of the L'Imited Liability Compa</u> (A Florida Limited L	ny a <u>s it now appears on our records.</u> ) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{2/15/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ness LC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2717 East Oakland Park Blvd. Suite 201 Ft. Landerdale TC 33300
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2717 East Dallond Park Blud. Sure 201 Fort Lindsedale FL 33304
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	20 <del>1</del>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Circ Zin 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 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
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			□Remove
			□Change
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			⊡Remove
			☐ Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the ument's effective date on the Department of State's	he applicable statute	ling or more than 90 day	(optional) s after filing.) Pursua ts, this date will no	ant to 605,02) of be listed a
cord specifies a delayed effective date, but not an efs filed.	Tective time, at 12:0	01 a.m. on the earlier	of: (b) The 90th	day after th
ed 12/15/2021	[/			
$\mathcal{L}$	<b>/</b>	/	_	

Filing Fee: \$25.00

Typed or printed name of signee