L21000115510

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	umals

Office Use Only



300436969103

13: 11: 14--01 10:5--10: 64: 11:11

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LESLINED DESWELLNESS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lesline S Pittman
LESLINE DOESWELLNESS LLC Firm/Company
2790 Timber Hawk Circle
Ocoee/FL 347101
hello @ leSline pittmon.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lesline S Pittman at 407 473-2193 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{25.00}}}}}\$ Filing Fee & \$\sqrt{\$\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation [LLC." Fincipal office 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: Cooled Florida Street address Florida Sattodardess Satto	The Articles of Organization for this Limited L. Florida document number	iability Company were filed on MOYCH 10	202 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." 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: New Registered Office Address: Description of the designation "L.C." or the abbreviation "L.C." Principal office address on our records, enter the name of the new registered agent and/or the new registered address here: Name of New Registered Agent: New Registered Office Address: Description of the designation "L.C." Principal office address on our records, enter the name of the new registered agent and/or the new registered address here: Name of New Registered Agent: Lessing Street address Lessing Street add	This amendment is submitted to amend the following	owing:	
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 address here: Name of New Registered Agent: New Registered Office Address: Coll First Coll	A. If amending name, enter the new name o	f the limited liability company here:	• •
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: New Registered Office Address: COCOLL Florida 3440	The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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: New Registered Office Address: Enter Florida street address COCOLL Florida	Enter new principal offices address, if applic	eable:	
(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: New Registered Office Address: COCOLL Florida 3440	(Principal office address MUST BE A STREE	ET ADDRESS)	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: DCOEL New Registered Office Address: New Registered Office Ad	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	PR
New Registered Office Address: 2790 Timber Hawk Circle Enter Florida street address O COEL , Florida 34740)		<u></u>	he name of the new registered
OCOEL , Florida 347(0)		Lesline & Pittma 2790 Timber Hawk	n Circle
New Registered Agent's Signature, if changing Registered Agent:		City, Flor	

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 A

If mending 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
MCIR	Lesline S Pittman	2790 Timber Howk Circle	□Add
		2790 Timber Howk Circle Ocoee, FL 347(e)	□Remove
			(WChange
		<u>. </u>	🗆 Add
			🗆 Remove
			Change
			□Add
			□Remove
			□Сһапде
	 		□Add
			Remove
			□Change
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

		317		
				
		 		
	 	·		
	· · · · · · · · · · · · · · · · · · ·			
				
			· · · · · · · · · · · · · · · · · · ·	
				···
		· · · · · · · · · · · · · · · · · · ·		
		,		
effective date is tee. If the date is	other than the date of filing:isted, the date must be specific and cannot isserted in this block does not meet the ve date on the Department of State's r	applicable statutory		ling.) Pursuant to 605.020
cord specifies a s filed.	delayed effective date, but not an effe	ective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
ed Sept	ember 17th 20	24 101	A	
	Signature of a member	J) Pit	tmon	