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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	The We	liness Lab SWA, LLC
SUBJECT.		ed Liability Company
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.
Please return all correspo	ondence concerning this matter to	the following:
	(DEOCGE ARCE Name of Person
	The We	Cliness Lub SWFL, LLC Firm/Company
	198-560	The Place Bluch
	Esteri	City/State and Zip Code Well Ness Loch Swfl@gMail. (Or be used for future annual report notification)
	E-mail address: (to	vellnes (ch swfl@gmail. (or be used for future annual report notification)
For further information of	concerning this matter, please cal	
GCO/GE Name o	Arce	at (23 9) (6 82 - 817) Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT: TO ARTICLES OF ORGANIZATION OF

The Wellness Lab SWFL, 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 3/19/2021 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The Wellness Lab, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.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:
Name of New Registered Agent.
New Registered Office Address:
Finter Florida street address City City
City City 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
	<u></u>		□ Add
			□Remove
			☐ Change
			□Remove
			Change
			□Remove
			□Change

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D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effective of Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.
Dated	12/16/2021
	C-PORGO /ADCP Signature of a member or authorized representative of a member