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JUN 2.3 2022 M. SOLOMON

### **COVER LETTER**

TO:

Tallahassee, FL 32314

		ation Sec of Corp	tion orations				
enn ibe		inite Wel	lness Agency LLC				
SUBJEC	.1:		Name of Lim	ited Liability Company			
The enclo	sed Art	icles of A	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all c	correspor	idence concerning this matter	to the following:			
			Sequoyah Lindsey-Taylor				
				Name of Person			
				Firm/Company			
			8850 Goodby's Executive	Drive, Suite B			:
			<del></del>	Address			•
			Jacksonville, FL 32217				:
			asewellness2@gmail.com	City/State and Zip Co	xie		
			= =	to be used for future ann	ual report notifi	cation)	7 (2) 7. <b>5</b> .
For furthe	er inform	nation co	ncerning this matter, please c	all:			**
Sequoyal	h Lindse	y-Taylor		904 at ( )	624-2044		
		Name of	Person	Area Code	Daytime	Telephone Number	_
Enclosed	is a che	ck for the	e following amount:				
■ \$25.0	00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	,	S60,00 Filing I Certificate of Certified Copy (additional copy)	Status & y
		Address		· · · · · · · · · · · · · · · · · · ·	t Address:	tion	
		ration S on of Co	orporations	_	stration Sect sion of Corp		
		ox 6327	•		Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infinite Wellness Agency LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number <u>L21000140954</u>		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
SE Wellness LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		28
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
nter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- <del> </del>
		· K
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, enter the	name of the new registe
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:	Enter Florida street address	
	City	Zip 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

AMBR = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	date, if other than the date e date is listed, the date must be sp		to date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.020
	ie date inserted in this block do s effective date on the Departn			equirements, this date v	vill not be listed as
ne record sport is filed.	ecifies a delayed effective date	, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
	April 27th	2022			
Dated	O-laylar		•		

Typed or printed name of signee