

L21 000 196827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

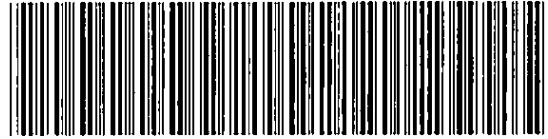
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2023 MAY 4 AM 10:28

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CLERK OF COURT

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: J20210000160 \$ 25.00 (see back page)

Authorization Signature: [Signature]

Wellington Lifestyle Partners, LLC L21000196827

Business Name Doc. #

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit Corp  
☐ Not for Profit  
☐ Officer/Director  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**AMENDMENTS**

- ☒ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ Amended and restated Articles  
☐ **Statement of Authority**

**OTHER FILINGS**

- ☐ **Trademark**  
☐ Annual Report  
☐ Fictitious Name  
☐ **APOSTILLE**

Country

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

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2023 MAY 24 PM 4:11  
TALLAHASSEE, FL

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wellington Lifestyle Partners, 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:

Mark Bellissimo

\_\_\_\_\_  
Name of Person

Wellington Lifestyle Partners, LLC

\_\_\_\_\_  
Firm/Company

13421 South Shore Blvd, Suite 203

\_\_\_\_\_  
Address

Wellington, FL 33414

\_\_\_\_\_  
City/State and Zip Code

adelvalle@weptfl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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2023 MAY -4 AM 10:28  
STATE OF FLORIDA  
TALLAHASSEE

For further information concerning this matter, please call:

Mark Bellissimo

561

459-6800

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following 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 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**

Wellington Lifestyle Partners, 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 04/28/2021 and assigned  
Florida document number L21000196827.

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 "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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Douglas E. McMahon	9350 Conroy Windermere Road	<input checked="" type="checkbox"/> Add
		Windermere, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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FBI - TAMPA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 05/03 2023

W. Beck  
Signature of a member or authorized representative of \_\_\_\_\_

Signature of a member or authorized representative of a member

Mark J. Bellissimo

Typed or printed name of signee

**Filing Fee: \$25.00**