# L21000258339

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A. RIVERS MAY - 8 2023

#### **COVER LETTER**

TO:	Registration Security Division of Cor					
cun i	the3mcomp					
SUBJECT:Name of Limited Liability Company						
		Amendment and fee(s) are subt	<u> </u>			
Please	return all correspo	ndence concerning this matter t	to the following:			
		Stephanie Goebel				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		ZenBusiness Inc.				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	5511 Parkcrest Drive, Ste. 103					
			Address	·		
	Austin, TX 78731					
		fulfillment@zenbusiness.co	City/State and Zip Code m			
		E-mail address: (1	o be used for future annual report notifica	tion)		
For fu	rther information co	oncerning this matter, please ca	dl:			
Steph	anie Goebel c/o Zer	aBusiness Inc.	844 493-6249 at ()			
	Name of	Person		elephone Number		
Enclos	sed is a check for th	e following amount:				
	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the3mcompany LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 2021-06-03	and assigned
Florida document number 1.21000258339	<del></del> ·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
3mswellness LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET		
Frincipal office dadress MOST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		2027
B. If amending the registered agent and/or		· = 11
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	<u>e address here</u> :	32
		19 19 0
Name of New Registered Agent:		PH 12:112
<del> </del>		22. 72
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	ther innua siree address	
-	, Flori	
	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>	Address	Type of Action
AMBR	Max J McDaniel	J	□ Add
			☐ Remove
		8585 Via Mar Rosso Lake Worth, FL 33467	
AMBR	Margarita Suarez	8585 Via Mar Rosso Lake Worth, FL 33467	■ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
		<del></del>	Change
			□ Add
			Remove
			☐ Change
		<del></del>	□ Remove
			Change

). If amending any other inform	ation, enter change(s) here: (Atta	ach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
<ul> <li>(If an effective date is listed, the date m</li> </ul>	block does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 tutory filing requirements, this date will not be listed as
the record specifies a delayed) The 90th day after the re		ffective time, at 12:01 a.m. on the earlier o
Dated March F	2023	
/s/ Max McDaniel		
<del></del> -	Signature of a member or authorized rep	presentative of a member
Max McDaniel		
-	Typed or printed name of	of signee

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Filing Fee: \$25.00