

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H210003640873)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323) 962-9600  
Fax Number : (323) 962-3889

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RACHEL LAUREN WELLNESS LLC

Certificate of Status	0
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**FAX COVER SHEET**

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Sylvia Paull
DATE	2021-09-29 06:04:19 PDT
RE	((H21000364087 3))) - RACHEL LAUREN WELLNESS LLC
	- LZ # 550446145

**COVER MESSAGE**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RACHEL LAUREN WELLNESS 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:

Cheyenne Moseley

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

Legalzoom.com, Inc.

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

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

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

Rachel2234@yahoo.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888

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

at (\_\_\_\_\_) \_\_\_\_\_  
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/COURIER ADDRESS:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RACHEL LAUREN WELLNESS 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 06/11/2021 and assigned  
Florida document number 121000273291.

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:

4137 Crystal Lake Dr.

(Principal office address MUST BE A STREET ADDRESS)

Deerfield Beach, FL 33064

Enter new mailing address, if applicable:

4137 Crystal Lake Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Deerfield Beach, FL 33064

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

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021 SEP 29 PM 1:28  
ALLAHABAD, FLORIDA  
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>
AMBR	RACHEL L HARRIS		<input type="checkbox"/> Add
		601 N FEDERAL HWY, 147 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rachel L. Henderson	4137 Crystal Lake Dr. Deerfield Beach, FL 33064	<input checked="" type="checkbox"/> Add
			<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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)(b)

**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.

(b) The 90th day after the record is filed.

Dated 09/15, 2021

ma

Signature of a member or authorized representative of a member

Rachel L Henderson

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA