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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 APR 14 AM 9:06

4/29/2023

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Release Health and 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:

Kameshia S. Willis
Name of Person

Firm/Company

6621 Shepherd Oaks Pass
Address

Lakeland, FL 33811
City/State and Zip Code

info@releasemhw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kameshia Willis at (863) 669-3091
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2023

KAMESHIA S WILLIS
6621 SHEPHERD OAKS PASS
LAKELAND, FL 33811

SUBJECT: RELEASE HEALTH AND WELLNESS LLC
Ref. Number: L21000360519

We have received your document for RELEASE HEALTH AND WELLNESS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 923A00002936

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2023

KAMESHIA S WILLIS
6621 SHEPHERD OAKS PASS
LAKELAND, FL 33811

SUBJECT: RELEASE HEALTH AND WELLNESS LLC
Ref. Number: L21000360519

We have received your document for RELEASE HEALTH AND WELLNESS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 823A00000602

JAN 31 2023

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

2023 APR 14 AM 9:06

Release Health and 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 8/11/2021 and assigned Florida document number L21000360519.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Release Mental Health and Wellness 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)***

2802 Reserve View Blvd
Apt 205
Lakeland, FL 33810

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

PO Box 91553
Lakeland, FL 33804

**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: Kameshia S. Willis

New Registered Office Address: ~~PO Box 91553~~ 2802 Reserve Blvd Apt 205
*Enter Florida street address*

Lakeland, Florida ~~33804~~ 33810
*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.*

K Willis

**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Kameshia S. Willis | PO Box 91553 | ☐Add |
| | | ~~Lakeland, FL 33804~~ | ☐Remove |
| | | 2862 Reserve View Blvd | ■Change |
| | | Lakeland, FL 33810 | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
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**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 20, 2022.

K Willis

Signature of a member or authorized representative of a member

Kameshia S. Willis

Typed or printed name of signee

**Filing Fee: $25.00**