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SECRETARY OF STATE

J 4/30/2025

## **COVER LETTER**

	istration Secti ision of Corpo				
SUBJECT:	Wellness Card	by Karen LLC			
0	· 'w' .		ed Liability Company		
		nendment and fee(s) are subrr	•		
r rease return	an correspond	ence concerning this matter to	o the following.		
		Karen Torres Valentin			
			Name of Person		
		Wellness Care by Karen LL	С		
			Firm/Company		
		416 Briar Bay Cir			
			Address		<del></del>
		Orlando Florida 32825			
			City/State and Zip Code		
		karen.torres@integratedfami	-		
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	formation con	cerning this matter, please cal	1:		
Karen Torres	s Valentin		at (407 ) 6903	3375	
	Name of Po	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

TO:

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

FILED

Wellness Care by Karen LLC

2024 MAR 21 PM 1: 44

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE
TALL AHASSEE. FL
and assigned The Articles of Organization for this Limited Liability Company were filed on September 7, 2021 Florida document number <u>L21000396064</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Integrated Learning Center, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 416 briar bay cir Enter new principal offices address, if applicable: Orlando, Florida 32825 (Principal office address MUST BE A STREET ADDRESS) 416 briar bay cir Enter new mailing address, if applicable: Orlando, Florida 32825 (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 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.

it amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ł	MGR ≠	Manager	
	AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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m effective date ote: If the dat	if other than the date of filing:	
ecord specific is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
ited March 1	6 , 2025	
	Signature of a member or authorized representative of a member	
F7	n Torres Valantia	
Kare	en Torres Valentin  Typed or printed name of signee	