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SECRETARY OF SOME
TALLAHASSEE, GIO

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations				
	RCE FOR WELLNESS, L.L.C.				
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
	pondence concerning this matter				
		-			
	WILLIAM J ROGERS II				
		Name of Person			
	LIFE FORCE FOR WELI	LNESS, L.L.C.			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	13230 HEATHER RIDGE LOOP				
		Address		207 SE	
	FORT MYERS, FL 33666	,		2022 OCT 25 SECRETARY	Ŧ
		City/State and Zip Code		T 25	
	william1266rogers@gmail.	com to be used for future annual report notifical	tion)	SA CA	
For further information	n concerning this matter, please c	-	aon,	VOLSTATE SSFELFT	•
	-			2 S	
WILLIAM J ROGERS II		239 691-7950 at ()			
Name	e of Person	Area Code Daytime To	elephone Number		
Enclosed is a check for	r the following amount:				
■ \$25.00 Filing Fee	_	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & py	
Mailing Adda Registration	n Section	Street Address: Registration Section			
Division of P.O. Box 6:	Corporations 327	Division of Corpor The Centre of Tall			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFE FORCE FOR WELLNESS, L.L.C.		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our red Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
lorida document number L21000427631		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		S 20
		22 OC
		>
nter new mailing address, if applicable:		25
Mailing address MAY BE A POST OFFICE BOX)		जिल्ल के जिल्ल
		99 7
		C 0 0
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ce address on our records, <u>s</u>	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
The Wingigging Office Address.	Enter Florida street o	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>	Name	Address	Type of Action
MGR	WILLIAM J ROGERS II	13230 HEATHER RIDGE LOOP	
		FORT MYERS, FL 33966	□Remove
			□Change
MGR	JENNIFER L HICKS	13230 HEATHER RIDGE LOOP	□Add
		FORT MYERS, FL 33966	≡ Remove
			□ Change
			□Add
			Removée CRES
		-	
			☐ Remove O
			□Change
			🗆 Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change

MANAGER OF THE LLC					
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				FAT	. 00:
tive date, if other than the date of ffective date is listed, the date must be specif	fic and cannot be prior		ore than 90 days aft		
If the date inserted in this block does ment's effective date on the Departmen			g requirements, th	nis date will n	ot be listed
ord specifies a delayed effective date, bu	at not an effective ti	me, at 12:01 a.m.	on the earlier of: ((b) The 90th	day after
filed.					
. 10 D. r.l	7.00)			
1 10 October	_ 6620	<u></u>			
1/1/3	2 Z				
Signardes	of a member or author	orized representative	of a member		

Filing Fee: \$25.00