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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

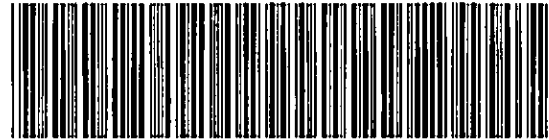
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22 AUG 26 PM 4:01

CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enerjize Infusion and Wellness
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:

Ryan Peters / Jasmune Perez
Name of Person

Enerjize Infusion and Wellness
Firm/Company

8850 Goodby's Executive Drive Suite B
Address

Jacksonville, FL 32217
City/State and Zip Code

Jasmune@Enerjizeinfusionandwellness.com
Email address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Jasmune Perez at (904) 763-7409
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Enerjize Infusion and Wellness

(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 10/25/2021 and assigned
Florida document number L21000463409

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DIVISION OF CORPORATIONS

This amendment is submitted to amend the following:

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

N/A

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)

8850 Goodby's Executive Drive
Suite B
Jacksonville, FL 32217

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8850 Goodby's Executive Drive
Suite B
Jacksonville, FL 32217

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:

Ryan Peters

New Registered Office Address:

8850 Goodby's Executive Drive Suite B

Enter Florida street address

Jacksonville

City

Florida

32217

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.

Ryan Peters

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>
			<input type="checkbox"/> Add
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22 APR 26 PM 4:51
DIVISION OF BOATING
STATE OF CALIFORNIA

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

Principal Address:

8850 Goodby's Executive Drive Suite B, Jacksonville FL 32217

Mailing Address:

8850 Goodby's Executive Drive Suite B, Jacksonville FL 32217

Registered Agent Address:

8850 Goodby's Executive Drive Suite B, Jacksonville, FL 32217

Authorized person detail Address:

8850 Goodby's Executive Drive, Suite B, Jacksonville, FL 32217

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DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: 10/21/2021 (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 08/15/2022, 1640

Jasmyne Perez

Signature of a member or authorized representative of a member

Jasmyne Perez

Typed or printed name of signee