

L21000477061

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INC AUTHORITY, LLC
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Phone : (775)329-7721
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dwagenman@thewellnessway.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DR. DEVIN WAGENMAN HOLDINGS LLC

Certificate of Status	0
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2024 MAR 21 AM 10:39
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 21 AM 10:16

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

DR. DEVIN WAGENMAN HOLDINGS, 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 11/03/21 and assigned
Florida document number L21000477061

This amendment is submitted to amend the following:

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

DDFW CONSULTING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

748 Highway 29

(Principal office address MUST BE A STREET ADDRESS)

Cantonment, FL 32533

Enter new mailing address, if applicable:

2204 Chaseford Lane

(Mailing address MAY BE A POST OFFICE BOX)

Powder Springs, GA 30127

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

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>
MGR	Devin Wagenman	2204.Chaseford Lane	<input type="checkbox"/> Add
		Powder Springs, GA 30127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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