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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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Certified Copies	_ Certificate:	s of Status
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10/11/22--01011--025 **25.00

2022 OCT 11 AM 8: 19 SECRETARY OF STATE TALLAHASSEE

COVER LETTER

TO:

Registration Section

Division of Co	rporations		•
	es Wellness LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Josephine Settle		
		Name of Person	
	Inner Pieces Wellness LL3	C	
		Firm/Company	
	2158 Bayou Grande Blvd	NE	
		Address	
	St Petersburg, FL 33703		
		City/State and Zip Code	
	Josieaccardo@gmail.com	to be used for future annual report no	stification)
For further information c	oncerning this matter, please c		, meanon,
Josephine Settle		727 295-7075	
	T Person	at ()	me Telephone Number
	, , , , , , , , , , , , , , , , , , , ,	Area code 19aytii	nie reiefmone wumoei
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Se	
P.O. Box 632		Division of Co The Centre of	-
Tallahassee, I	FL 32314		pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inner Pieces Wellness LLC			
(Name of the Lim	ted Liability Company as it now a (A Florida Limited Liability Comp	nppears on our records.) oany)	
The Articles of Organization for this Limited I		on 11/10/2021	and assigned
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company.	"the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on	our records, enter the	SECRETAFE OF STA
Name of New Registered Agent:	- Josephine Settle		
New Registered Office Address:	Ent	er Florida st re et 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>	Address	Type of Action
MGR	Terrance Faherty	2158 Bayou Grande Blvd NE	
		St Petersburg, FL 33703	≣Remove
			Change
			
			□ Remove
 			□Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
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			Remove
			□Change

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