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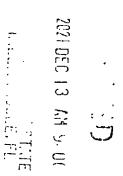
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COVER LETTER

TO:	Registration Se Division of Cor			•
emb ie		Health for Women LLC		
SUBJE	.c.:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
	e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Filing Angela Name of Person ZenBusiness, Inc. Firm/Company 5511 Parkcrest Drive, Suite 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification)			
			Name of Person	
		ZenBusiness, Inc.		
			Firm/Company	
		5511 Parkcrest Drive, Suit	te 103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fultillment@zenbusiness.co	om	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Filing /			844 493-6249 at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2 5	.00 Filing Fee	S30.00 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WellNest Health for Women LLC

2021 DEC 13 AM 5. U.

(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 11/12/2021	
	were med on	and assigned
Florida document number 1.21000488653		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6331 South Miami Ave	
(Principal office address MUST BE A STREET ADDRESS)	Suite 501	
Transpar office address most be ristricel robressy	Miami, FL 33133	
Enter new mailing address, if applicable:	382 NE 191st St	
(Mailing address MAY BE A POST OFFICE BOX)	PMB 67153	
	Miami, FL 33179-3899	- -
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent.	·	
New Registered Office Address:	Enter Florida street address	
	there is an entire the control of th	
	, Flori	daZip Code
	V 145	ин хинс

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
•			Add
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	be specific and cannot be prior ck does not meet the applic	cable statutory filing requir	90 days after filing.) Pursuant to ements, this date will not be	605.020 listed a:
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Filing Fee: \$25.00