121000489272

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TALLAHASSEE, FIL

,	`	COVER LETTER
		COVERLETTER

TO: Registration Sec Division of Corp					
subject: <u>BOU</u>	ngo Welly Name of Lim	NESS LLC ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	wayne vandemerwe				
		Name of Person			
	Bolingo Wellness IIc				
	,	Firm/Company			
	10 Fairway circle				
		Address			
	New Smyrna Beach Florid	a 32168			
		City/State and Zip Code			
	waynevandem@gmail.com	to be used for future annual report notifi			
For further information co	neerning this matter, please ea		Lation()	2022 SEP 19 SECRETARY TALLAHA	
wayne vandemerwe		321 3472900 at ()		SEP	1
Name of	Person		Telephone Number	19 PH	
linelosed is a check for the	following amount:			H 3: 0	\bigcirc
□ \$25.00 Filmg Fee	\$30.00 Filing Fee & Certificate of Status	 S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certified	ing Fueij 🗢 c'of Status &	

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

Bolingo Wellness 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 11/15/2021 ______ and assigned Florida document number L21000489272

This amendment is submitted to amend the following:

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

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

Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:

New Registered Office Address:		
	Enter Florida street a	
	City	_, Florida Ziv 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

· · · ·

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Amy Vandemerwe	10 Fairway circle New Smyrna Beach FL 32168	🗆 Add
			≣ Remove
			□Change
MGR	Wayne Vandemerwe	10 Fairway Circle New Smyrna Beach FL 32168	🗐 Add
			🖸 Remove
			El Change
	_,		EIAdd
			🗆 Remove
			SECRET:
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			∵i 0 T □Change
			🗆 Add
			□Remove
			🗆 Change
			🖸 Add
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			[] Change

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

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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 9/16-2022	·
	(when e
	Signature of a member or authorized representative of a member

Wayne Vandemerwe

Typed or printed name of signee

Filing Fee: \$25.00