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(((H23000423100 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VAN WINKLE & SAMS, P.A.

Account Number : 120030000032 : (941)923-1685 Fax Number : (941)923-0174

Enter the email address for this ousiness entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WELLNESS BEGINS AT HOME LLC

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COVER LETTER

TO: Registration Se Division of Cor	ction porations				
	WI	ELLNESS BEGINS AT HO	ME LLC		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Laurie B. Sams, Esq.				
		Name of Person			
	Van Winkle & Sams, PA				
	Firm/Company				
	3859 Bee Ridge Road, Suite 202				
		Address			
	Sarasota, FL 34233				
	<u> </u>	City/State and Zip Code			
	your lattorney@gmail.com	to be used for future annual report of	notification)		
For further information of	encerning this matter, please c		(Mineacon)		
Laurie B. Sams	- ,	941 923-1685			
Name o	f Person	at () Area Code Day	time Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (administrated copy in enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration		Street Address Registration	Section		
Division of C	Corporations	Division of C	Corporations f Tallahassec		
P.O. Box 632 Tallahassee,			proe Street, Suite 810		

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELLNESS BEGIN				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Norida document number <u>L22000021744</u> .	were filed on 1-5-2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	oility company here:			
BOCA BOUTIQUE LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	breviation "L.L.C."		
Enter new principal offices address, if applicable:	6969 S Tamiami Trail			
Principal office address MUST BE A STREET ADDRESS	Sarasota FL 34231			
Enter new mailing address, if applicable:	3865 Spyglass Hill Road			
Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34238			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ie of the new regist		
Name of New Registered Agent:				
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	Enter Fiorida street address	;		
•	Enter Fiorida street address, Florida	Zp Code		

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
			□A¢d
			□Remove
			Clunge
			□ Add
			□Remove
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record s	specifies a delaye	ed effective date	, but not an of	fective time, at	12:01 a.m. on th	e earlier ofi (b)	The 90th day after t

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