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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	Wellness, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	indence concerning this matter		
r rease return an correspo	sidence concerning this matter	to the following.	
	Hanna Shays		
		Name of Person	
	Stability In Wellness, LLC		
		Firm/Company	
	4328 Hazel Ave, Apt B		
		Address	
	Palm Beach Gardens, FL 3	3410	
		City/State and Zip Code	
	hanna@stabilityinwellness.c		
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	ıll:	·
Hanna Shays		919 819-6380 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,
Mailing Addres		Street Address:	etion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stability In Wellness, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/07/2022	and assigned
lorida document number 1.22000062143		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		٠.,
Enter new mailing address, if applicable:		1.0
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		: =
		, · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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

to marriage.		
My name was Hanna Gierma	an and has since changed to Hanna Shays.	
Please update this in your re-	cords as soon as you are able.	
I have attached my state driv	rer's license as supporting documentation concerning this m	aatter.
		
	st be specific and cannot be prior to date of filing or more than 90 clock does not meet the applicable statutory filing requirements	
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
07/24 ted	2023	

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