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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

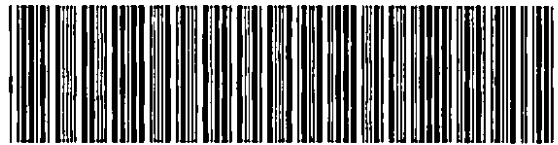
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09/26/22--01015--019 **20.00

22 SEP 26 PM 1:08
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Energy Hydration & Wellness LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christele Porcher
Name of Person

Energy Hydration & Wellness LLC
Firm/Company

1193 SE Port St. Lucie Blvd, PMB #249
Address

Port St. Lucie, FL 34952
City/State and Zip Code

ehwellness3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christele Porcher at (561) 596-9393
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 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:

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

22 SEP 26 PM 1:08

OFFICE OF THE
CLERK OF THE
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Energy Hydration & 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 03/11/2022 and assigned Florida document number L22000123513

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1193 SE POA St. Lucie Blvd.

PMB # 249

POA St. Lucie, FL ~~34953~~ 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1193 SE POA St. Lucie Blvd.

PMB # 249

POA St. Lucie, FL 34952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Christele Parcher

New Registered Office Address:

1193 SE POA St. Lucie Blvd PMB #249

Enter Florida street address

POA St. Lucie

City

Florida

34952

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

22 SEP 2022 1:08 PM
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. LUCIE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
RA/AMBR	Lewis, Diane	5688 SE Graham Drive	<input type="checkbox"/> Add
		Stuart, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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28 SEP 26 PM 1:08
OFFICE OF THE
CLERK OF THE
COURT

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

We are removing the current registered agent (Diane Lewis) and replacing with Christele Porcher. The only people authorized for the LLC will be Nicole Tavaris and Christele Porcher.

22 SEP 26 PM 1:08

Division of State Office

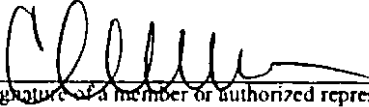
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 20th, 2022


Signature of a member or authorized representative of a member

Christele Porcher

Typed or printed name of signer