L22000 125 384

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COMERCY POTOTE ON #20.70

COVER LETTER

TO:

TO: Registration So Division of Cor				
	SS 4 YOU LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Patricia Escalante Quintan	a		
		Name of Person		
	WELLNESS 4 YOU LLC			
		Firm/Company		(· ; ·
	2114 N FLAMINGO ROA	AD 785		
		Address		
	PEMBROKE PINES, FL 1	33028		
		City/State and Zip Code		
	ingenieraescalante@gmail.e			
For further information c	oncerning this matter, please c	to be used for future annual report notif all:	ncation)	ţ
Patricia Escalante Quinta	ına	+1 954 451 9838		
Name o	f Person	Area Code Daytime	e 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)	Certified (of Status &
Mailing Address		Street Address:	vion.	
Registration S Division of C		Registration Sec Division of Cor		
r.O. Box 632	. .	i'ne Cenue oi i'		
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELLNESS 4 YOU LLC		
(N≇me of the Limited Liability ((A Florida Lii	Company as it now appears on our i mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con	npany were filed on 03/11/2022	and assigned
Florida document number 122900 125 384.		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
he 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 ADDRES	<u> </u>	
Inter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		·
		· :
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>e</u>	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	address
	796	_, Florida Zip Code
	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 jurther 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
AMBR	APONTE RONDON, ANGELICA	11043 SWEETGUM WOODS DR2	🗀 Add
		ORLANDO. FL 32832	≣ Rетюvе
			UChange
AMBR	CARROLTON, MARK EVAN	4617 BOUGAINVILLA DR APT I	LJAdd
		FORT LAUDERDALE, FL 33308	Remove
			■Add
			: □Remove
			□ Change
			; (c ■Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

CARROLTON, MARK EV	'AN from the company.		
			
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If the date inserted in this h	e date of filing: ust be specific and cannot be prior to block does not meet the applica Department of State's records.	o date of filing or more than % ble statutory filing requires	(optional!) days after filing.) Pursuant to 60: nents, this date will not be list
ord specifies a delayed effecti filed.	ve date, but not an effective tin	ne, at 12:01 a.m. on the car	lier of: (b) The 90th day afte
March 13	2023	-· /)
		,	/

Filing Fee: \$25.00