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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:

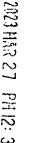
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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
	ELLNESS & CONSULTING,	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:			
	CATHARIYA FERRIS				
Name of Person					
AMORY WELLNESS & CONSULTING, LLC					
		Firm/Company		()	2
	336 TURKEY CREEK			<u> </u>	2023 KAR 27
Address					iR 2
	ALACHUA, FL 32615				
		City/State and Zip Code		[PH 12: 35
CAT@AMORYWELLNESS.COM					
		to be used for future annual report no	trheation)	1 1	٠.
For further information c	oncerning this matter, please co	all:			
CAT FERRIS		352 284-1850 at ()			
- Name o	f Person		ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certifica Certified	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:	oution		
Registration Section Division of Corporations		Registration Solution of Co			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMORY WELLNESS & CONSULTING, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ality Company)
The Articles of Organization for this Limited Liability Company we Plorida document number <a href="https://example.com/limited-liability-company-weight-liability-company-</th><th>ere filed on <math>\frac{05/19/2022}{}</math> and assigned</th></tr><tr><th></th><th></th></tr><tr><th>This amendment is submitted to amend the following:</th><th></th></tr><tr><th>A. If amending name, enter the new name of the limited liability</th><th>y company here:</th></tr><tr><td></td><td></td></tr><tr><td>The new name must be distinguishable and contain the words " liability<="" limited="" td=""><td>Company," the designation "LLC" or the abbreviation "L.L.C."</td>	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	23
	N 73
	-
Enter new mailing address, if applicable:	177
(Mailing address MAY BEA POST OFFICE BOX)	
-	ក្ ហ
B. If amending the registered agent and/or registered office add	dress on our records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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 us 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.

City

Zip Code

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>	Type of Action
MGR	PATRICK K GALLAGHER	336 TURKEY CREEK	= Add
		ALACHUA, FL 32615	□Remove
			□Add
			☐Change
			⊡Remove
			Phange 35
			Remove
			□Change
		······································	□Remove
			□Change
			□Add

Typed or printed name of signee

CATHARIYA B FERRIS