

L22000288454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

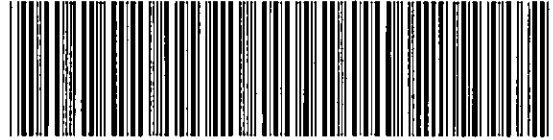
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JUL 21 2022

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07/21/22 11:03 AM 003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL
Office of the Secretary of State
TALLAHASSEE, FLORIDA

2022 JUL 21 PM 3:17

FILED **RECEIVED**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noori 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:

Jennifer Chovnard
Name of Person

Noori Wellness LLC
Firm/Company

8586 Potter Park Drive
Address

Sarasota, FL 34238
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Chovnard at (941) 224-0101
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

JUL 21 PM 3:30

Noori Wellness LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company))

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on June 27, 2022 and assigned
Florida document number L22000288454

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)

8586 Potter Park Drive
Sarasota, FL 34238

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO Box 15704
Sarasota FL 34277

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:

New Registered Office Address:

8586 Potter Park Drive
Enter Florida street address
Sarasota Florida 34238
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

[illegible]

(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)

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 20th July June 21, 2022


Signature of a member or authorized representative of a member

Jennifer Chouinard
Typed or printed name of signer

Filing Fee: \$25.00