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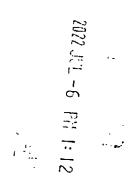
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

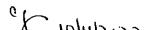
Office Use Only



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COVER LETTER

Empire We	liness, 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:	
	Andrea Echeverria		
		Name of Person	
	Empire Wellness, LLC		
		Firm/Company	
	25075 SW 119th Avenue		
		Address	
	Homestead Fl. 33032		
		City/State and Zip Code	<u></u>
	andreak.echeverria@gmail.d E-mail address: 0	20m to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	·	· · · · · · · · · · · · · · · · · · ·
Andrea Echeverria		786 5371141	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th ☐ \$25.00 Filing Fee	ne following amount: みな \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status
		(additional copy is enclosed)	Certified Copy (additional copy is enclor
Mailing Address Registration S		Street Address: Registration Sec	.•
	N 1 2 2 3 7 1 2 3 4 3	Rouetration Sov	T 1 () 13

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

2022 JUL - 6 PH 1: 12

Empire 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 Compa	ny wara Glad on 06/27/22	and accionad
1.200000000	ny were med on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L1	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
For any the state of the state		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	ce address on our records, <u>ente</u>	er the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	vess
		Florida
	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 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
VP	Jonathan Weiner	25075 sw 119th homestead, fl. 33032	= Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Change
			□Add
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	06/27/22
an eff lote:	we date, if other than the date of filing:
	d 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 led.
l is fil	led.
d is fil	July 27th 2022
i is fil	led.