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PIVISION DE CONFORATIONS
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

WELLGA SUBJECT:	HOLDINGS LLC	,	*.
SUBJECT.	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Shelley Wellington & Gar	y Wellington	
		Name of Person	·
	Wellga Holdings LLC		
	<del></del>	Firm/Company	
	10866 NW 7th Street		
		Address	
	Coral Springs, FL 33071		
		City/State and Zip Code	· **
	gaw@wellgaholdings.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Shelley Wellington		954 253-4092 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	•
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wellga Holdings 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 July 1, 2022 \_ and assigned Florida document number  $\frac{L.22000299224}{L}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

**AMBR** = **Authorized Member** 

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gary Wellington	10866 NW 7th Street, Coral Springs. Fl. 33071	<b>=</b> Add
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<u>vic.</u> 11	e date, if other than the date of filing:  [July 12, 2022]  [coptional]  (optional)  ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the effective date on the Department of State's records.
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ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00