

L220003/3479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

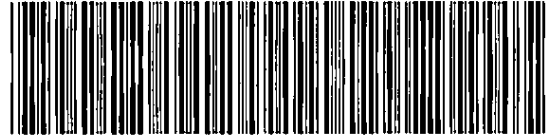
(Document Number)

Certified Copies _____

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FILED
2022 OCT 24 PM 3:06
WCTC, SEATTLE, WA

10/25/22--01001--001 **25.00

LLC

Amend

10/24/22

DL

FILED
2022 OCT 24 PM 2:04
WCTC, SEATTLE, WA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORWARD 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.

COURTNEY DAVIS

Name of Person

FORWARD WELLNESS, LLC

Firm/Company

1616 CRAWFORDVILLE HWY SUITE D

Address

CRAWFORDVILLE, FL 32327

City/State and Zip Code

courtney@forwardwellnessgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COURTNEY DAVIS

573 855-2887
at ()

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
2022 OCT 24 PM 3:06
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

FORWARD 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 Company were filed on 07/14/2022 and assigned
Florida document number 122000313479.

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)

1616 CRAWFORDVILLE HIGHWAY SUITE D

CRAWFORDVILLE, FL 32327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

42 EGRET ST N

CRAWFORDVILLE, FL 32327

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:

FlaBizCo, LLC

New Registered Office Address:

1176 SHADEVILLE ROAD

Enter Florida street address

CRAWFORDVILLE

Florida 32327

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 Oct. 24, 2027

Chris

COURTNEY DAVIS

Typed or printed name of signee