

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

Office Use Only





COVER LETTER

Wellness 4	Lifetime		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	indence concerning this matter	to the following:	
·	-	-	
	Nancy Kondon		
		Name of Person	
		Firm/Company	
	718 Barcelona Rd		
		Address	
	Key Largo, Florida 3303	7	
		City/State and Zip Code	
	nancykondon@yahoo.coi	m to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		,
	oncerning this matter, preuse e	662 242-2562	
Nancy Kondon	f Person		Telephone Number
.vame o	4 reison	Area Coac Dayana	receptione (surface)
Enclosed is a check for the	ne 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 Ladditional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations
- - P.O. Bóx.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

vveliness 4 Lifetime LC.	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L22000316197	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Wellness 4 Lifetime LLC.	
The new name must be distinguishable and contain the words "Limited Liability Compar	ry," the designation "LLC" or the abbreviation "L.L.C."
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 o agent and/or the new registered office address here:	n our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
1	Enter Florida street address
	, Florida
City	Zıp 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 labelity 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

AMBK = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
****			□Add
			□Remove
			□Change
-			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Remove
			☐ Change
			—————————————————————————————————————
			□Remove
			- Challe
		·	BAGE TI
			OR REPROVE SET
			9 0

	Nancy Y. Kondon Typed or printed name of signee	Ting.
Dated	Signature of a member or authorized representative of a member 757 8	
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
(ii an effecti Note: If	date, if other than the date of filing:	0207 (3)(b) d as the
 -		

Filing Fee: \$25.00