## L22000348477

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





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## **COVER LETTER**

		on Section Corporations	
SUBJEC	T: Hydi	logy Wellnes, LLC	
		Name of Limited Liability Company	
The enclo	sed Anic	s of Amendment and fee(s) are submitted for filing.	
Please rett	arn all co	espondence concerning this matter to the following:	
		Alexander Zuriarrain	Fee, Status & Y
		Name of Person	
		Firm/Company	
		1340 S. Dixie Highway, Suite #110 Address	
		Coral Gables, Florida 33146	50.00 Filing Fee, Pertificate of Status &
		City/State and Zip Code drz@zurimd.com	
		E-mail address: (to be used for future annual report notification)	
For further	informat	on concerning this matter, please call:	
Alexander	Zuriarra	at (786 ) 804-1603 / 305-798-24	153
	Ni	ne of Person Area Code Daytime Telephone Number	
Enclosed is	a check	or the following amount:	
<b>≅</b> \$25.00	Filing Fe	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	

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

Hydrology Wellness, LLC			
(Name of the Lir	nited Liability Comp (A Florida Limited	any as it now appears on c Liability Company)	our records.)
The Articles of Organization for this Limited	Liability Company	y were filed on <u>08/02/20</u>	222 and assigned
Florida document number L22000348477			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl		1340 S. Dixic Highwa	
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite #110	-
	-	Coral Gables, Florida	33146
Enter new mailing address, if applicable:		1340 S. Dixie Highwa	y
(Mailing address MAY BE A POST OFFICE BOX)		Suite #110	-
		Coral Gables, Florida	33146
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a ess here:	address on our records	s, enter the name of the new registered
Name of New Registered Agent:	Alexander Zuri	arrain	
New Registered Office Address:	1340 S. Dixie F	lighway, Suite #110	
		Enter Florida stre	et address
	Coral Gables		Florida <sup>33146</sup>
		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>	Address	Type of Action
MGR	Alexander Zuriarrain	1340 S. Dixie Highway	
		Suite #110	□Remove
		Coral Gables, Florida 33146	<b>□</b> Change
			□Add
			□Remove
			□Change
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			□Remove
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ective	date, if other the	in the date of	filing: N/A			(option:	al)
te: If t	re date is listed, the d he date inserted in	ate must be speci this block does	ific and cannot b	e prior to date of applicable state	filing or more tha	n 90 days after fili	ing.) Pursuant to 605.01 ate will not be listed
ument	s effective date on	the Departmen	nt of State's re	cords.	nory trinig requ	irements, this da	ne will not be fisted
cord sp	ecifies a delayed e	ffective date, b	ut not an effec	ctive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day after th
s filed.						. ,	, , ,
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Typed or printed name of signee