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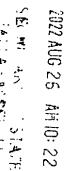
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

HE	ALTH &	: WELLENESS PERFORMAN	NCE LLC		
SUBJECT:	-	Name of Limi	ted Liability Company		
The enclosed Art	ticles of a	Amendment and fee(s) are sub-	nitted for filing.		
Please return all	correspo	ndence concerning this matter	to the following:		
		Dean Andreadis			
			Name of Person		
		HEALTH & WELLENESS	PERFORMANCE LLC		
			Firm/Company		
		2 SAINT GILES ROAD			
			Address		
		Palm Beach Gardens			
		_	City/State and Zip Code	····································	
		andreadis6@comcast.net			
		E-mail address: (to be used for future annual report notif	fication)	
For further infor	mation c	oncerning this matter, please ca	all:		
Dean Andreadis			561 5616322682		
Name of Person		at () Area Code Daytime	e Telephone Number		
Enclosed is a cho	eck for th	ne following amount:			
□ \$25.00 Filin	g 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)	
	Addres		Street Address: Registration Sec	ction	
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTH & WELLENESS PERFORM		022		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	022 AUG		
The Articles of Organization for this Limited Liab Florida document number L22000357113 This amendment is submitted to amend the follow		and assigned		
	•	7 E		
A. If amending name, enter the new name of the	he limited liability company here:			
HEALTH & WELLNESS PERFORMANCE LLC				
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		e name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. 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>	Name	Address	Type of Action
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
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rd specifies a delayed effective date, but not an effective time, at 12:01 a. iled.	m, on the earner of: (b)	ine 90	uiuayam
August 22, 2022 5:00 p.m.			
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Filing Fee: \$25.00