

Florida Department of State
Division of Corporations
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L22000365310388

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BBL WELLNESS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 04 |
| Estimated Charge | \$25.00 |

C. BRUMBLEY

OCT 26 2022

FILED
 2022 OCT 25 PM 6:06
 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBL WELLNESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 OCT 25 PM 6:06
SECRETARY OF STATE
TALLAHASSEE FL

The Articles of Organization for this Limited Liability Company were filed on 09/20/2022 and assigned
Florida document number L22000409388.

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 "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 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

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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|-----------------------------|--|
| MGR | DORALENE MALCA | 18101 COLLINS AVE #907 | <input type="checkbox"/> Add |
| | | SUNNY ISLES BEACH, FL 33160 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DORALENE N. ELETA MALCA | 18101 COLLINS AVE #907 | <input checked="" type="checkbox"/> Add |
| | | SUNNY ISLES BEACH, FL 33160 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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