(Requestor's Name)	
(Address)	80040868
(Address)	
(City/State/Zip/Phone #)	05.715.722 - 64.600 o
PICK-UP WAIT MAIL	05/15/23 <u>0</u> 1032-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	7/12/23 VUU
I	

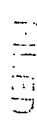
Office Use Only



1868

--012 \*\*25.00





## **COVER LETTER**

TO: Registration S Division of Co.			
SUBJECT:	avis Health &	WELLOSS Spa, L ited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Brandy D	Name of Person	
	Davis Health	r / Wellpess Spa	a, LLC
	417 Dunlin	Address	<del></del>
	Winter Ha	City/State and Zip Code  Observation of Tuture annual report notified to be used for Tuture annual report notified.	D
	boaris de C	als health well of to be used for future annual report notif	SS Pa · COM lication)
For further information of	concerning this matter, please ca	all:	
Bronch Name o	Davis of Person	at ( <u>Bb3</u> ) <u>248</u> Area Code Daytime	-4399 : Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filling 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

Davis Heatth 5 We (Name of the Limited Liability Cor (A Florida Limit	Many as it now appears on o	ur records.)	· · ·
The Articles of Organization for this Limited Liability Compa			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1  Davis Heath + Wellass	<u> </u>		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designat	tion "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	ļ.	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		·	2023
	3.1.0		205 205 205
Enter new mailing address, if applicable:	NA		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		••	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our record	s, enter the name	of the new register
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Florida str	vet address	
		Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and oprovisions of all statutes relative to the proper and compluted the obligations of my position as registered agent obeing filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my dass provided for in Chapta	uties, and Lam facer 605, F.S. Or, if	miliar with and this document is
(f C	hanging Registered Agent, Si	gnature of New Regis	tered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NIA		□Add
			□Remove
			□Change
N/A		□Add	
			□Remove
			□Change
Nla		□Add	
		□Remove	
	ď		□Change
N/A			
		□Remove	
		Change	
N/1,4		□Add	
		□ Remove	
			□Change
NIA	NIA		□Add
		<del></del>	□Remove
			□ Change

	<u>1)   A</u>
	·· V-(-/
-	
-	
<del></del>	
(If an effectiv <u>Note:</u> If t	ate, if other than the date of filing:
ne record sp ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5/10/23
	( ) Con
	Signature of a member or authorized representative of a member