

L22000425480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

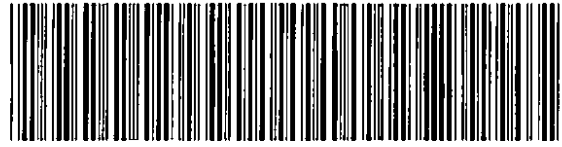
(Business Entity Name)

(Document Number)

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10/30/23--01020--017 \*\*80.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 OCT 30 AM 10:21

FILED

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NOV 04 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sonder Wellness LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Chamberlain

Name of Person

Sonder Wellness LLC

Firm/Company

16700 SE Pear St.

Address

Blountstown, Fl., 32424

City/State and Zip Code

sonderwellness@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Chamberlain

Name of Person

at ( 850 )

Area Code

718-8170

Daytime Telephone Number

Enclosed is a check for the 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  
(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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 OCT 30 AM 10:21

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2023 OCT 30 AM 10:21  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Sonder Wellness LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/22/2022 and assigned  
Florida document number L22000425480.

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)**

27442 NE County rd. 96 A

Altha, Florida 32421

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16700 SE Pear St.

Blountstown, Florida 32424

**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:**

Melissa Chamberlain

**New Registered Office Address:**

16700 SE Pear St.

*Enter Florida street address*

Blountstown

Florida 32424

*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.*

Melissa Chamberlain

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>
AR	Jordan Hill	11078 Lake Mystic Duggar Rd.	<input type="checkbox"/> Add
		Bristol, Florida 32321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

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2023 OCT 30 AM 10:22  
CLERKMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32310

2023 OCT 30 AM 10:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32310

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/27/2023, 10:30 a.m. cst

Melissa Chamblar

Signature of a member or authorized representative of a member

**Melissa Chamberlain**

Typed or printed name of signee

**Filing Fee: \$25.00**