

L220000425480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

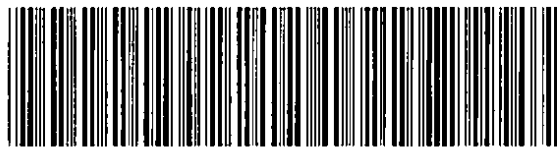
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10/11/23--01025--015 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 NOV - 7 PM 3:10

Y. SCOTT

NOV - 9 2023

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2023

MELISSA CHAMBERLAIN
27442 NE COUNTY ROAD /
#69A
ALTHA, FL 32421

SUBJECT: SONDER WELLNESS LLC
Ref. Number: L22000425480

We have received your document for SONDER WELLNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 323A00024509

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMENDMENT OF ARTICLES OF ORGANIZATION

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

27442 NE COUNTY ROAD 69A

Address

ALTHA, FL 32421

City/State and Zip Code

SONDERWELLNESS@OUTLOOK.COM

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

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

MELISSA CHAMBERLAIN

850

718.8170

at ()

Name of Person

Area Code

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

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

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 10/03/2022 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:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

27442 NE COUNTY ROAD 69A

ALTHA, FL 32421

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

27442 NE COUNTY RD 69A

ALTHA, FL 32421

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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:

27442 NE COUNTY ROAD 69A

Enter Florida street address

ALTHA

Florida 32421

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>
AR	MELISSA CHAMBERLAIN	27442 NE COUNTY ROAD 69A	<input checked="" type="checkbox"/> Add
		ALTHA FL 32421	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	JORDAN HILL	11078NW LAKE MYSTIC DUGGAR RD	<input type="checkbox"/> Add
		BRISTOL, FL 32321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Melissa Chamberlain

MELISSA CHAMBERLAIN

Filing Fee: \$25.00