## L22000466611

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	: Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	
	J. HORNE SEP 22 2023





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## **COVER LETTER**

Division of Cor			
Ginkgo Fla	mingo LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nicole Wesley Beauchamp		
		Name of Person	<del></del>
		Firm/Company	
	1066 Dakota Drive Apartm	nent 206	
		Address	
	Jupiter/FL 33458		
		City/State and Zip Code	
	Nicolewesleybeauchamp@g		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Nicole Wesley Beauchan	пр	561 402-6786	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres	s:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

~

Ginkgo Flamingo LLC		J. 4. 102
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	SEP - FIL
The Articles of Organization for this Limited Liability Company	y were filed on 10/31/2022	
Florida document number L22000466611		120. <b>a.</b>
This amendment is submitted to amend the following:		ORIDO 12
A. If amending name, enter the new name of the limited lial	bility company here:	<b>3</b> **
Karuna Wellness LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<del> </del>
		<u> </u>
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Name</u>	Address	Type of Action
			Remove
		<del></del>	□Add
			□Remove
			□Change
			□Add
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Article	m	
Other p	rovisions, if any:	
The purpose o	of Karuna Wellness LLC is to practice mental health counseling, coaching, consulting, yoga instruction, and to engage in any lawful business for profit.	
		<del></del>
<u></u>		
		<del></del>
n effective of the	ate, if other than the date of filing:	605.020 listed a
ecord spec 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
08/31	1/2023 12:36pm	
<del>-</del> -	MIRATION DISCOUNTS, O	

Filing Fee: \$25.00