## L22000505560

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## **COVER LETTER**

-TO:

TO: Registration Se Division of Cor				
Cal's Welln	ess 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:		
	Ainere Acanda Hernandez	·		
		Name of Person	<del></del>	
	<del></del>	Firm/Company		
	4925 Greenville Ave suite	200		
		Address	SE SE	90.0
	Dallas. TX. 75206			.s • ••
	aainere@hotmail.com / E-mail address: (	info@quimerall to be used for future annual report notif		
For further information c	oncerning this matter, please co	all;	<u>نج</u> د	
Ainere Acanda		786 6086575	₩ <u>-</u>	-
Name o	f Person		: 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 Registration S		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Corp	porations	
P.O. Box 632 Tallahassee, l		The Centre of T	allahassee : Street, Suite 810	
		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, " - "	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cal's Wellness LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>v.)</u>
he Articles of Organization for this Limited Liability Company	and assigned	
lorida document number L.22000505560		
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)		25. SE
		*.
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX)	·	<u> </u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	·s
		orida Zip Code
	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
CEO/agei	Ainere Acanda Hernandez	4925 Greenville Ave suite 200. DALLAS TX 75206	□Add
		<u>.</u>	\( \exists \) Remove
			□Change
			□Add
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			□Change
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ective	e date, if other than th	ne date of filing:			(optional)	
effect	tive date is listed, the date m f the date inscrted in this	iusi de specific and cann	iot be prior to tiate of	Thing of more than 90	days after filing.) Pursuar ients, this date will not	it to 605.02 t be listed
umen	nt's effective date on the	Department of State	s records.			
			60 2 2 2	5.61	in a factor of the control	
cord s i filed	specifies a delayed effect d.	ive date, but not an e	Hective time, at 12	2:01 a.m. on the cart	iei or. (b) The 90th u	ay anci u
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, ,,,,,,	Laurence 1 st	2(	)23	0011	= 22	2023
	January, 1st					
		·		Max!	<u> </u>	
ed	January, 1st	Signature of a memb	per or authorized rep	resentative of a memb	er &	
	Ainere Acanda Herna		ocr or authorized rep	resentative of a memb		

Filing Fee: \$25.00