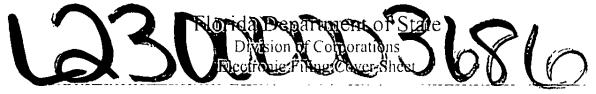
2/4/25, 5:31 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000042393 3)))



H25000042393348C

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

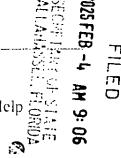
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHARMACY DELIVERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

	gistration Sec rision of Corp				
SUBJECT.		Y DELIVERS, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	ı all correspon	dence concerning this matter	to the following:		
		Erik Treutlein			
			Name of Person		-
		Legalzoom.com, Inc.			
			Firm/Company		-
		9900 Spectrum Dr			
			Address		-
		Austin, TX 78717			
			City/State and Zip Code		-
		vrh2145@gmail.com			
		E-mail address: (t	o be used for future annual	report notification)	
For further in	nformation cor	icerning this matter, please ca	dl:		
Erik Treutle	in		800 77 at ()	3-0888	
	Name of I	'erson	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifica closed) Certified	te of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHARMACY DELIVERS, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000003686</u>	ompany were filed on 12/29/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Lunova Wellness LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		FILED 2025 FEB -4 AM SECRIFICATION OF STALLARIAS SELECTION.
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the W me of the m
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	Cig.	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.

ISI	
If Changing Registered Agent, Signature of New Registered Agent	

To:	•	. ,	Page: 5 of 6	2025-02-04 03:34:24 PST	LegalZoom.com, Inc.	From; Sylvia Pa
Ψ.	•	• ,	age. a or o	2020-02-04 03:54:24 F31	LegalZoom.com, mc.	rrom; Sylvia

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>	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
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			□ Change

17. 13 AH	Chaing any other mior	rmation, enter change(s) he	• с. (ганаст паанно)	nai suceis, y necessary.)	
					
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E. Effect (If an ef	five date, if other than fective date is listed, the date	the date of filing: must be specific and cannot be pro	or to date of filing or mor	(optional) re than 90 days alter filing.) Pursuant	10 605.0207 (3)(b)
Note:	If the date inserted in thi	s block does not meet the appli	cable statutory filing	requirements, this date will not b	
docun	ient's effective date on the	e Department of State's record	S.		
75 AL		ad afficient to the state			anding of
	cord specifies a dela- e 90th day after the r		ot an errective tir	ne, at 12:01 a.m. on the o	earlier of:
Dated	02/04	2025	·		
	/S/ Alec Land				
	- /⊃/ Alec Land	Signature of a member or and			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00