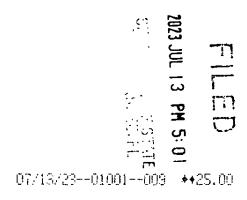
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(Requestor's Name)	
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COVER LETTER

TO: Registration So Division of Co			
CLID IN CT		& WELLNESS CENTER, PLLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KELLE LOGAN		
		Name of Person	· <u></u>
	NOVEL MIND & WELL	NESS CENTER, PLLC	
		Firm/Company	
	1804 MICCOSUKEE CO	MMONS DRIVE, STE. 208	
		Address	
	TALLAHASSEE, FL 323	08	
		City/State and Zip Code	
	kelle@novelmindcenter.co		
For further information of	E-mail address: (oncerning this matter, please c:	to be used for future annual report not	ufication)
	oncerning this matter, prease e		
KELLE LOGAN		850 597-9732 at ()	·
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVEL MIND & WELL			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	JANUARY 23, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>,50</u>	202
		_	<u></u>
Enter new mailing address, if applicable:		į.	س ا
			3 0
Mailing address MAY BE A POST OFFICE BOX)			جا
			 B
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the name</u>	of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	

	City	Florida	Zip Code
	City		

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>	<u>Address</u>	Type of Action
AMBR	BOYD, ERIN	1804 MICCOSUKEE COMMONS DRIVE	□Add
		STE. 208	■Remove
		TALLAHASSEE. FL 32308	
	· · · · · · · · · · · · · · · · · · ·	□Add	
		□Remove	
		□Change	
			□Add
			□Remove
		- <u></u>	□Change
			□Add
		□Remove	
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<u>ote:</u> If	e date, if other than the date of filing:
ecord : is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	JULY 6 2023
	<u> </u>
	Signature of a member of authorized representative of a member
	KELLE LOGAN
	Typed or printed name of signee