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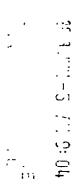
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COVER LETTER

TO:		istration Se ision of Cor		•	
DripTide Wellness Carrollwood, LLC				•	
SUBJEC	CI:	nited Liability Company			
The encl	losed	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	
			Michael Nugent		
				Name of Person	
DripTide Wellness, LLC					
Firm/Company					
2519 N. McMullen Booth Rd Suite 510-244					
Address					
Clearwater, FL 33761					
			**	City/State and Zip Code	ر
			Michael@driptide.com		
			E-mail address: ((to be used for future annual report notification)	´ ;
For furth	ner in	formation co	oncerning this matter, please co	all:	- 1
Michael	Nug	ent	_	813 528-5005 at ()	~
Name of Person		Person	Area Code Daytime Telephone Number	• •	
** 1					7 : C
			e following amount:		
□ \$ 25.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	<u>Mai</u>	ling Address	<u>s:</u>	Street Address:	
Registration Section		ection	Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations		
		. Box 632 lahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DripTide Wellness Carrollwood, 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 02/24/2023 and assigned Florida document number L23000100582

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
MGR	Viva Solutions Joint Venture, LLC	2519 N. McMullen Booth Rd	
		Suite 510-244	\Remove
		Clearwater, FL 33761	□ Change
MGR	Mallants LLC	10129 Downey Lane	
		Tampa, FL 33626	
			☐Change
MGR	DripTide Wellness, LLC	2519 N. McMullen Booth Rd	= Add
		Suite 510-244	□Remove
		Clearwater, FL 33761	☐ Change
	***		□Add
			Remove
			☐Change
		<u></u>	□Add
			: : : : : : : : : : : : : : : : : : :
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated May 30 2023 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Michael Nugent

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