

MAY/12/2023/FRI 09:18 AM

FAX No.

P. 001

L230001772207

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941)639-1158
Fax Number : (941)639-0028

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

Email Address: lercolani@farr.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INNATE VITALITY AND WELLNESS, LLC

Certificate of Status	0
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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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MAY 16 2023

K. Brumblay

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FAX No.

P. 002

DocuSign Envelope ID: FCD8B455-3F45-4077-B238-228B38511B63

COVER LETTER

((H23000177285 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: INNATE VITALITY AND WELLNESS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett H. Sifrit

Name of Person

Farr Law Offices

Firm/Company

99 Nesbit Street

Address

Punta Gorda, Florida 33950

City/State and Zip Code

lercolani@farr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett H. Sifrit

941 505-9945
at () Daytime Telephone Number

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(((H23000177285 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INNATE VITALITY AND WELLNESS, 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 March 16, 2023 and assigned
Florida document number L23000122207.

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 "L.L.C." or the abbreviation "L.L.C."

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
Manager	Seth Towne	10175 Tamiami Trail, Unit 1137	<input checked="" type="checkbox"/> Add
		Punta Gorda, Florida 33950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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: 05/12/2023 (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 900th day after the record is filed.

Dated 5/12/2023

DocuSigned by:

DocuSigned by
J. Pine
12/26/2023 10:00:00 AM

FT6126FC2F792431...

Signature of a member or authorized representative of a member

Tara Towne

Typed or printed name of signee

Filing Fee: \$25.00

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