

L23000138095

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J. DENNIS

11/20/2024

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2024 NOV 20 AM 11:59
SECRETARY OF STATE
CLERK OF COURT

FILED
2024 NOV 20 PM 2:26
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WE THE PEOPLE HEALTH AND WELLNESS CENTER 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:

Yazen Dides

Name of Person

Fox Rothschild LLP

Firm/Company

One Sarasota Tower, 2 N Tamiami Trl. Suite 400

Address

Sarasota FL 34236

City/State and Zip Code

ydides@foxrothschild.com

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

For further information concerning this matter, please call:

Yazen Dides

at (941) 900-9900
Area Code Daytime Telephone Number

Name of Person

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

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

WE THE PEOPLE HEALTH AND WELLNESS CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 NOV 20 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 17, 2023 and assigned

Florida document number 123000138095

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 "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

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>
AMBR	TANYA M PARUS	959 EAST VENICE AVE	<input type="checkbox"/> Add
		VENICE, FL 34285	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P, T, S	Victor Mellor	959 EAST VENICE AVE	<input type="checkbox"/> Add
		VENICE, FL 34285	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 November 19, 2024

DocuSigned by:
Victor Mellor

Signature of a member or authorized representative of a member

Victor Mellor

Typed or printed name of signee

Filing Fee: \$25.00