

L23000161177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

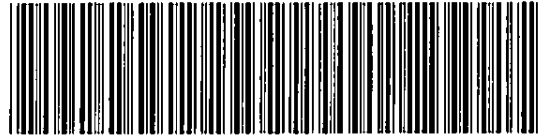
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200441818892

TALLAHASSEE, FLORIDA

2025 JUN -9 AM 11:07

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from the account: I20210000160: \$25.00

Authorized Signature *Jawid*

European Medical, LLC L23000161177

Business Name #Document

Walk in _____ Will wait

_____ Certified Copy of the Articles

_____ Certificate of Status

NEW FILINGS

- _____ Profit
- _____ Not for Profit
- _____ LLC
- _____ Domestication
- _____ INC
- _____ CORP
- _____ PLLC
- _____ GP

AMENDMENTS

- X Amendment
- _____ Resignation of Member/MGR
- _____ Resignation of Registered Agent
- _____ Revocation of Dissolution
- _____ Conversion
- _____ Statement of Correction
- _____ Merger
- _____ DISSOLUTION

OTHER FILINGS

_____ TRANSMITTAL LETTER

_____ Fictitious Name -

_____ Statement of Authority
business

_____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

- _____ Foreign Filing
- _____ Partnership
- _____ Reinstatement
- _____ Articles of CORRECTION
- _____ Withdraw of Certificate of Authority
- _____ TRADEMARK
- _____ Domestication

_____ Other

EXAMINER'S INITIALS: _____

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

FILED

2025 JUN -9 AM 11:07

TALLAHASSEE, FLORIDA

European Medical, 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 3/30/2023

and assigned

Florida document number L23000161177.

This amendment is submitted to amend the following:

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

European Wellness, LLC

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>
_____	_____	_____	<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
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

