L23000172624

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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Servision of Corp			
eu diret.		eclamation LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Kevin Donaghy		
			Name of Person	
		Donaghy Law		
			Firm Company	
		195 Wekiva Springs Road	Suite 224	
			Address	
		Longwood, FL 32779		
		kpdonaghy@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ea	all:	
Kevin Don	aghy		407 478-6008	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address: Registration Sec	tion
D	ivision of C	Corporations	Division of Corp	porations
Р.	O. Box 632	:7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cords.)

Wellness Reclamation, 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 L Florida document number <u>L23000172624</u>	iability Comp	any were filed on 04/06/2023	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	<u>f the limited l</u>	iability company here:	
n/a			
The new name must be distinguishable and contain the	vords "Limited L	iability Company." the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	n/a	
(Principal office address MUST BE A STREE		Σ	
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	•	ice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street addres.	S
		, Flo	orida
	-	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 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	Dr. Rafael Santiago	239 Lake Link Road	Add
		Winter Haven, FL 33884	□Remove
			TChange
MGR	Dr. Gerardo Fernandez	777 North Orange Ave Apt. 500	
		Orlando, FL 32801	■Remove
		·	Change
MGR	Dr. Younf Sayeed	142 Lus Brisas	
		Kissimmee, FL 34743	\=Remove
MGR	Dr. Roberto Diaz	260 South Osceola Ave Unit 602	
		Orlando, FL 32801	≅ Remove
			Change
			∐Remove
			Remove
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n/a					
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effective date is listed	er than the date of fi d, the date must be specific	e and cannot be prior to c	late of filing or more than	(optional) 90 days after filing.) Pursuar	nt to 605.020
e: If the date inser	ted in this block does n late on the Department	not meet the applicable	e statutory filing requir	ements, this date will not	be listed a
mon o chourt c	me on the Department				
ord specifies a del	aved effective date, but	t not an effective time	at 12:01 a.m. on the e	arlier of: (b) The 90th c	lay after th
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Typed of printed name of signee

COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Con			
SUBJEC		Reclamation LLC		
Э СБ		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	rturn all correspo	ondence concerning this matter	to the following:	
		Kevin Donaghy		
			Name of Person	<u> </u>
		Donaghy Law		
			Firm/Company	
		195 Wekiva Springs Road	Suite 224	
			Address	
		Longwood, FL 32779		
			City/State and Zip Code	
		kpdonaghy@gmail.com		
For furth	er information e	oncerning this matter, please ca	to be used for future annual reall:	port notification)
Kevin D	оладһу			6008
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
]	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Division	ress: ion Section of Corporations re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Wellness Reclamation, LLC

23 116-11 11 3 10 (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

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Florida document number L23000172624	··			
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A. If amending name, enter the new name of	f the limited lia	ability company here:		
n/a				
The new name must be distinguishable and contain the w	ords "Limited Lia	bility Company," the design	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applic	able:	n/u		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office	e address on our recor	ds, <u>enter the name of</u>	the new registe
agent and/or the new registered office address	<u>is nere</u> ,			
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
		Enter Florida si	reet 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 t 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dr. Rafael Santiago	239 Lake Link Road	= Add
		Winter Haven, FL 33884	□Remove
			□Change
MGR	Dr. Gerardo Fernandez	777 North Orange Ave Apt. 500	□Add
		Orlando, FL 32801	≣Remove
			□Change
MGR	Dr. Youuf Sayeed	142 Las Brisas	□Add
		Kissimmee, FL 34743	≡ Remove
MGR	Dr. Roberto Diaz	260 South Osceola Ave Unit 602	□Add
		Orlando, FL 32801	≣Remove
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<u>::</u> 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	be list
ımer	nt's effective date on the Department of State's records.	
ora tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da L	ıy afte
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d	11y 13 20\frac{13}{12}	
	INDEDICAL AVALMICACIO	
	Signification of a member or supported representative of a member	

Typed or printed name of signee