12300/82908

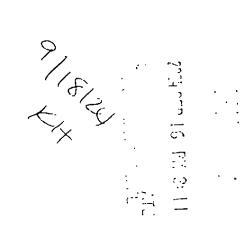
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

O: Registration Se Division of Cor			:
Optimal We	ellness St Pete, LLC		
UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspe	ondence concerning this matter	to the following:	
	Kelley Lamb		
		Name of Person	
	Optimal Wellness St Pete I	LLC	
		Firm/Company	
	5041 Paloma Drive		
		Address	
	Tampa, Fl. 33624		
	kelleyannlamb@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	lication)
r further information c	oncerning this matter, please ca	all:	
elley Lamb		813 401-0669	
Name o	d'Person	Area Code Daytime	e Telephone Number
closed is a check for the	ne following amount:		
\$25.00 Filing Fcc	S30.00 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

Optimal Wellness St Pete, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 04/13/2023	and assigned
lorida document number <u>L23000182908</u> .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS;		
		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office; 	address on our records, enter	the name of the new registe
gent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street address	•
		orida Zip Code
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle Ham	622 SW 52nd Street	□Add
		Cape Coral, Fl. 33914	≡ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			☐Change →
			□Add ↔ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)	
· · · · · · · · · · · · · · · · · · ·		
	*	
		
04/14/2021		
E. Effective date, if other than the date of filing: (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 find the date inserted in this block does not meet the applicable statutory filing requirements, this educument's effective date on the Department of State's records.	ling.) Pursuant to 605.0	207 (3)(b) I as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day after	the
Dated 09/05 2024	:	2524
iv. 1 Aug.	f 1 :	
Signature of a member or authorized representative of a member		ση - τη 1.1
Kelley Lamb Typed or printed name of signer		·
Typed or printed name or signed	1 議	

Filing Fee: \$25.00