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S. ROBERTS

## **COVER LETTER**

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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:		1N'S WELLA ited Liability Company	JESS_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		OILA E. GK	
	<u> </u>	+ JOHNS WE Firm Company	CLNESS LLC
		178 MARQUE	ESA CIR
		ST JOHNS, F City/State and Zip Code	L 32259
	E-mail address:	Grove Os mail co	ification)
For further information co	oncerning this matter, please co	all:	
Z C Name of	ILA GROVE	at ( <u>57/</u> ) <u>3 4 6</u> Area Code Daytin	ne 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)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	7	The Centre of	<b>Fallahassee</b>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WELLNESS
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L Z300184291</u>	were filed on 4 13 23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201
(Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
	··*
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(maning mairess arriver 1777 1700) Of Free 1700,	<u>ه</u>
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registero
agent and/or the new registered office address here:	<del></del>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Virtice Audiess.	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:

or removed man recording	
MGR = Manager	
AMBR = Authorized Member	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ZOILA É. COROVE	478 MARQUESA CIT	XAdd
		St JOHNS, FL 32259	
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			= Add
			LJRemove
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effective date is listed e: If the date insert	er than the date of fili, the date must be specific a ed in this block does not ate on the Department of	and cannot be prior to I meet the applicab	date of filing or more le statutory filing re	( <b>optiona</b> l than 90 days after filin equirements, this dat	g.) Pursuant to 605.020
cord specifies a dela stiled.	iyed effective date, but n	iot an effective time	e, at 12:01 a.m. on	the earlier of: (b) T	The 90th day after the
ed April	26th	. 2023		7	
		~ //	$\subset$ /	17	
	Signature of	a member or authori.	zed representative of	t member	