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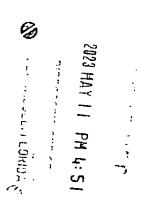
()	Requestor's Name)
	Address)
	Address)
·	
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Conies	Certificates of Status
Special Instructions to F	iling Officer:
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Office Use Only

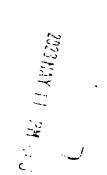


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DocuSign Envelope ID: 6C703863-28B1-461F-8AEF-AB7D8C60B282 COVER LETTER

TO: Registration Se Division of Cor			
Well With			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Grace Jones		
		Name of Person	
	Well With You LLC		
		Firm/Company	
	7901 4th St N. Ste 300		
		Address	· · · · · · · · · · · · · · · · · · ·
	St Petersburg FL 33702		
	·	City/State and Zip Code	
	wellwithyoulmt@gmail.com	n to be used for future annual report n	orification)
For further information c	concerning this matter, please c		
Grace Jones		352 552-6390	
Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he 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 Addre</u> Registration		<u>Street Address:</u> Registration S	
Division of C		Division of C	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 6C703863-28B1-461F-8AEF-A87D8C60B282

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Well With You LLC	2023 MAY +	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)'	ر ل ۱٫۰ ۱۱ آ ،
The Articles of Organization for this Limited Liability Company	were filed on April 14th, 2023	and assigned
Florida document number L23000186703		
iorida document atamoer		
his 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	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
S	2098 Valencia Blossom St	
Enter new principal offices address, if applicable:	Clermont FL 34711	
Principal office address MUST BE A STREET ADDRESS)	C Remone 17.3.17.17	
	-	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office :	iddress on our records, enter the i	name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	Ziv Code
	City	гір с өае

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.

DocuSign Envelope ID: 6C703863-28B1-461F-8AEF-A87D8C60B282 in amending Authorized rerson(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
AMBR	Grace Jones	7901 4th St N, Ste 300	□Add
		St Petersburg FL 33702	■Remove
			□Change
AMBR	Grace Jones	2098 Valencia Blossom St	= Add
		Clermont F1, 34711	□Remove
			□Change
			□Remove
			□ Change
			
			□Remove
			Change
			□Remove
			□Change
			□ Add
			Remove
			∏ Change

		
		
		
 		
 Note: If the date inserted in: 	the date of filing: [5/1/2023] (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 this block does not meet the applicable statutory filing requirements, this date will not be list the Department of State's records.	5.0207 (3)(ed as the
f the record specifies a delayed e record is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated May 1st	2023	
DocuSigned by:	7 a a N	
C929C9C2B303	Signature of a member or authorized representative of a member	
Grace Jones		
	Typed or printed name of signee	