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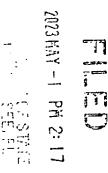
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Y. SCOTT
JUN 1 8 2023

COVER LETTER

TO:

TO: Registration Division of	on Section Corporations		
	EA HEATH AND WELLNESS LI	LC	
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	TANYA JILKEVORKIA	N .	23
		Name of Person	1023 HAY
	 	Firm/Company	I
	112 EUNA LN	Address	PH 2: 17
	ALTAMONTE SPRINGS	S FL 32701	1
	TANYAJILKEVORKIAN	•	
For further informat	ion concerning this matter, please o	(to be used for future annual report notification)	
SERGIO FLORES		714 833-4175 at ()	
Na	ame of Person	Area Code Daytime Telephone Nun	nber
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZALEA HEATH AND WELLNESS LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on APRIL 21, 2	023	and assigned
Florida document number L23000197341	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
AZALEA HEALTH AND WELLNESS LLC			
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	PESS)		
			20
Enter new mailing address, if applicable:		• •	23
(Mailing address MAY BE A POST OFFICE BOX)			A II
		;	
		110	75 July 10 Jul
B. If amending the registered agent and/or registered	l office address on our records, <u>e</u>		of the new regist
agent and/or the new registered office address here:		; = ; ;; ; .	17
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
		_, 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>	Address	Type of Action
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ctive date, if other than the date of filing:	t be prior to d	ate of filing o	r more than 9	(option	al) ing \ Pur	suant to 605
e: If the date inserted in this block does not meet th	ie applicable	statutory f	ling require	ments, this d	ate will	not be list
ament's effective date on the Department of State's	records.					
ecord specifies a delayed effective date,	but not a	n effectiv	e time, at	: 12:01 a.r	n. on t	the earli
ne 90th day after the record is filed.						
. APRIL 21 202	23					
ed APRIL 21 , 202		•				
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Signature of a membe						