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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section

Division of Cor	rporations				
CURIECT. ZEN HEA	LTH AND WELLNESS OF CO	ORAL GABLESTIC			
SUBJECT:		nited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JUAN JOSE DIAGO				
		Name of Person		<u> </u>	
	ZEN HEALTH AND WE	LLNESS OF CORAL GABLES L	LC		
		Firm Company		_	
2100 PONCE DE LEON BLVD = 102				SECF	303 SED 36
		Address		4717 4327 1328	
	CORAL GABLES, FL. 33	3134		, , ,	
		City/State and Zip Code			
	ZENLIFECG@GMAIL.CO	OM to be used for future annual report not		- 23	'- .3
For further information c	concerning this matter, please c	•	meadon)	in G	5
	·				
JUAN JOSE DIAGO	i Person	at (305) 298-6925 Area Code Daytin	ne Telephone Numb		
Name o	i reison	Area Code Daytii	ie Telephone Numo	oer .	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status ed Copy tal copy is enclo	
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	etion		
Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, FI 32314		2415 N. Monroe Street, Suite \$10			

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEN HEALTH AND WELLNESS OF CORAL GABLES 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 Liability Company were filed on 06/05/2023 and assigned Florida document number L23000252202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

. Florida

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	JUAN JOSE DIAGO	2100 PONCE DE LEON BLVD ±102	= Add
		CORAL GABLES, FL. 33134	□Remove
			□Change
			□Add
			□Remove
		, i C	SECRETARY OF STATE
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Typed or printed name of signee