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COVER LETTER

Certificate of Status Certified Copy Certificate of State	TO: Registration Se Division of Cor			
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jordan Berens		lness LLC		
Please return all correspondence concerning this matter to the following: Jordan Berens	SUBJECT:	Name of Lim	ited Liability Company	
Jordan Berens Name of Person Kaizen Wellness LLC Firm/Company 980 N Federal Hwy Suite 110 Address Boca Raton, FL 33432 City/State and Zip Code jordan@kaizenwellnessgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jon Berens Name of Person at (The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person Kaizen Wellness LLC Firm/Company 980 N Federal Hwy Suite 110 Address Boca Raton, FL 33432 City/State and Zip Code jordan@kaizenwellnessgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jon Berens 904 744-9442 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee Certificate of Status Certified Copy S60.00 Filing Fee, Certificate of Status	Please return all correspo	ndence concerning this matter	to the following:	
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☐ \$25.00 Filing Fee	Name o	f Person	Area Code Daytii	me Telephone Number
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Mailing Address: Registration Section Street Address: Registration Section				ection
Division of Corporations Division of Corporations	Division of C	Corporations	Division of Co	orporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Kaizen Wellness 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 May 24, 2023	and assigned
Florida document number L23000253954	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new register
Name of New Registered Agent:	, in a graph or man and a simple	
New Registered Office Address:	Enter Florida street address	
	, Flori	ida Zip Code
	City	Zip Coae

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 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	Jonathan Berens	2592 SW 10th St. Boynton Beach, FL 33426	≣ Add
			□Remove
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Filing Fee: \$25.00