## L23000285148

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## **COVER LETTER**

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¶ Intuitive-W	ell-Being, LLC	<b>v</b> .	t t
30bjec1.	Name of Lim	ited 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:	
	Andrea Ramos		
		Name of Person	
	<del></del>	Firm/Company	
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:  Andrea Ramos  Name of Person  Firm/Company  19650 Oak Forest Dr  Address  Fort Myers, FL 33967  City/State and Zip Code  RNsuperhealer@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephor  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc			
	Division of Corporations  A Intuitive-Well-Being, LLC  Name of Limited Liability Company  Division of Articles of Amendment and fee(s) are submitted for filling.  Start all correspondence concerning this matter to the following:  Andrea Ramos  Name of Person  Firm/Company  19650 Oak Forest Dr  Address  Fort Myers, FL 33967  City/State and Zip Code  RNsuperhealer@gmail.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  Name of Person  at (		
	Fort Myers, FL 33967		
	RNsuperhealer@gmail.com	•	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Address  Fort Myers, FL 33967  City/State and Zip Code  RNsuperhealer@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	: <u>s:</u>	Street Address:	
		<del>-</del>	
Division of C		Division of Cos The Centre of I	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Intuitive Well-Being, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 06/13/2023	and assigned
Florida document number L23000285148		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Mulling dudress MAT BE A FOST OFFICE BOAT		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u> i	nter the name of the new regis
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street a	ldress
		ddress , Florida Zip Code

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>	Name	Address	Type of Action
Treasurer	David Ramos	<del></del>	
			■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
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ective date, if other than t	he date of filin:	¥:		(op	tional)	
effective date is listed, the date	nust be specific and	I cannot be prior to		ore than 90 days af	ter filing.) Pursuant to	
e: If the date inserted in this ument's effective date on the	Department of S	state's records.	he statutory than	g requirements, t	ms date will not be	: iisteti a
cord specifies a delayed effec	tive date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
s filed.						
May 7		2024				
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Filing Fee: \$25.00