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COVER LETTER

Divisi	on of Corp	porations		
	•	llness Group		
SOBSECT		Name of Lim	ited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Rita Driscoll		
			Name of Person	
		Optimal Wellness Group		
			Firm/Company	
		200 Glades RD suite 2		
			Address	
		Boca Raton., FL 33432		
			City/State and Zip Code	
		Rita@Optimalwellnesstean	n.com to be used for future annual report not	itication)
For further infe	ormation c	oncerning this matter, please co	·	,
Rita Driscoll			561 310-0303	
***	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ling 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)
	ing Addres		<u>Street Address:</u> Registration Se	ection
	ing Addres		Street Address: Registration Se	ection .

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Optimal Wellness Group

(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 7/18/2023 and assigned Florida document number _____L23000347935 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Optimal Wellness Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 200 Glades RD Enter new principal offices address, if applicable: Suite 2 (Principal office address MUST BE A STREET ADDRESS) Boca Raton ., FL 33432 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 , Florida City

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	RITA DRISCOLL	609 NE FRANCESCA LANE BOCA RATON., FL	33 ■ Add
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