## , 2003

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COVER LETTER

## TO: Registration Section Division of Corporations

The Pink and Green Health Coach, LLC

SUBJECT: \_\_

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:

Shaundra Brown

Name of Person

The Pink and Green Health Coach, LLC

Firm/Company

7643 Gate Pkwy Ste 104-9070

Address

Jacksonville, FL 32256

City/State and Zip Code

shaundra@welljoy.me

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaundra Brown

Name of Person

904 758-9976 at (\_\_\_\_\_) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25,00 Filing Fee

Contraction Contra

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTI	CLES OF	AMENDMENT	
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		_	
	0	F	
The Pink and Green Health Coach, I		2 2 3	
( <u>Name of the Limite</u> (	d Liability Compar A Florida Limited L	RGANIZATION F <u>iv av it now appears on our records.</u> ) jability Company) were filed on August 4, 2023 and assigned to	
The Articles of Organization for this Limited Lia	bility Company	were filed on August 4, 2023)and assigned	
Florida document number L23000368314	, <b>,</b> ,		
	,·	,	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
Well Joy LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
	<u></u>		
Enter new mailing address, if applicable:		7643 Gate Pkwy Ste 104-9070	
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32256	
Maung address MAT DE A FUST OF FICE E			
B. If amending the registered agent and/or re	gistered office a	ddress on our records, enter the name of the new registered	
agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:	Shaundra Brow	n	
		we Drive	
New Registered Office Address:	7033 Crispin Cove Drive 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.

Cin

Jacksonville

\_. Florida <u>32258</u> Zip Code

If Changing Registered Agent, Signature of New Registered Agent

if amending authorized persons .... n/a MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> Name ⊡Add **C**Remove Change □Add Remove Change ⊡Add Remove Change ⊡Add Remove \_ □Change \_\_\_\_\_ ⊡Add \_\_\_\_\_ 🗆 🖾 Remove Change \_\_\_\_\_ 🖸 Add

🗆 Remove
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f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I Shaundra Brown, have stopped
accepting the appointment of
registered agent. I am familiar
with and object the obligations of
this position
Madur
212812024

D. I

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	February 28. 2024
	Margun
	Signature of a member or authorized representative of a member
	Shaundra Brown

Typed or printed name of signee