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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WELL TOGETHER LLC

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## **COVER LETTER**

	Registration Sec Division of Corp			
CUDIEC		GETHER LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Erik Treutlein		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
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			City/State and Zip Code	
		cmpeck77@gmail.com		
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For further	er information ec	oncerning this matter, please co	all:	
Erik Tres			800 773-0888 at ()	
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S25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: • • Page: 4 of 6 2025-02-02 15:09:25 PST

LegalZoom.com, Inc.

From: Candace Pringle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELL TOGETHER LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability Comp.  Florida document number <u>L23000415600x</u> .	pany were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Well Together Health LLC	
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 ADDRES.	<u>(S)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DECEMBER 18 OF STATE
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records. enter the name of the manner of the ma
Name of New Registered Agent:	···
New Registered Office Address:	
	Enter Florida street address
·	, Florida
	City Zap Code

## 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.

/S/	
If Changing Registered Agent, Signature of New Registered Agent	

To:		Page: 5 of 6	2025-02-02 15:09:25 PST	LegalZoom.com, Inc.	From: Candace Pringl
10.	•	i ago. a oi o	2020 02 02 10:55:25 0 7	Logoizooni, mo.	i i di ili, dani ada a i ili ili,

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
		***************************************	Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
		<del>-</del>	☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

	Page: 6 of 6	2025-02-02 15.09.25 PST	LegalZoom.com. Inc.	From: Candace F
D. If amend	ing any other informat	tion, enter change(s) here: (Attach	additional sheets, if necessary.)	
		- •		
				<del></del>
<del></del> -		-		<del></del>
·				<del></del>
E. Effective	date, if other than the	date of filing:	(optional)	
(If an effecti Note: If t	ve date is listed, the date must be date inserted in this blo	be specific and cannot be prior to date of fife occupies not meet the applicable statutors.	ing or more than 90 days after filing.) Pursuant ory filing requirements, this date will not b	to 605.0207 (3)(b) se listed as the
		partment of State's records.		
document				
document				
If the recor	d specifies a delayed Oth day after the reco		ctive time, at 12:01 a.m. on the	earlier of:
If the record (b) The 90	oth day after the reco	ord is filed.	ctive time, at 12:01 a.m. on the	earlier of:
If the record (b) The 90	oth day after the reco		ctive time, at 12:01 a.m. on the	earlier of:
If the record (b) The 90	oth day after the reco	2025	ctive time, at 12:01 a.m. on the	earlier of:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00