## 123000421343

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2024 AUG 17 FH 5: 23

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## **COVER LETTER**

TO:				•
	NULIV HYI	DRATION & WELLNESS LL		
SUBJ	ECT: (1012)	Name of Limi	ted Liability Company	<del> </del>
The er	nclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspoi	Name of Person  Area Code  Daytime Telephone Number  d is a check for the following amount:		
		ANGEL ORTEGA		
			Name of Person	
			Firm/Company	
		19231 NW 39 CT		
			Address	
		MIAMI GARDENS, FL 33	055	
		nulivhydration@outlook.com	-	
		E-mail address: (	to be used for future annual rep	ort notification)
For fu	irther information co	oncerning this matter, please ca	all:	
HEID	Y DORTA		2011	
	Name o	f Person	Area Code	Daytime Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ s	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Division of C			of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 17.

NULIV HYDRATION & WELLNESS LLC			24 AUG
(Name of the Limited Liability C	Company as it now appears	on our records.)	5) 5) T
The Articles of Organization for this Limited Liability Com L23000421343  Florida document number		00/11/2023	and assigned 5: 24
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	<u>re</u> :	
NULIV Health & Wellness LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our re	ecords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
	City		Zip 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.

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
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			□Change
	<del></del>		□Add
			□Remove
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