## L23000476022

(Requestor's Na	me)
(Address)	
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(City/State/Zip/F	Phone #)
PICK-UP WAIT	T MAIL
(Business Entity	Name)
(Document Num	nber)
Certified Copies Certified	cates of Status
Special Instructions to Filing Officer	:

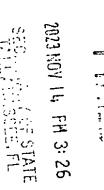




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## **COVER LETTER**

FO: Registration Se Division of Cor			
SUBJECT:		ness of Fort-Laude	rdale, icc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bry	an Sanshuck	
		Name of Person	
	Natural We	Firm/Company	oderdale LLC
	5171 HE	armony Lane	
		Address	
	W. llough	City/State and Zip Code	4
		City/State and Zip Code  ANShuck@gmail.  to be used for future annual report notifi	
For further information o	E-mail address: ( concerning this matter, please e		cation)
Bryan So	anshuck	at (216) 835	-2932 PH
	if Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		3: 2 FF 2
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	··	Street Address:	

Mailing Address:

TO:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natural Wellness of Fort Lauderdale, LLC
(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 w	ere filed on OCTOBEF 17, 20	23 and ass	igned	
Florida document number <u>L23000476022</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
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:	1529 E. Commeric	ai Blud		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale 1			
(Frincipal office dadress MOST BL ASTREET ADDRESS)	10.1.1.000.000.000		<del></del>	
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
(Maning dauress MAT DE A TOST OF THEE BOXY		202   85		
		2028 NO	ERC 761	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the na	ame of the frey	<u>v registered</u>	
agent and/or the new registered office address here:		- 13 × 4 = 1	Printo	
			;	
Name of New Registered Agent:		3   3   2   7		
New Registered Office Address:		- TE   27		
	Enter Florida street address			
	, Florida	<u></u>		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
	and the state of t		Acceptable elem	

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	Shown Painter	300 Kelton Place	<b>⊠</b> Add
		Cranberry Township, PA	16066 □Remove
			□Change
			□ Remove
			□ Change
			Ukemove
			PAdd 77
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fective date, if other that an effective date is listed, the da ote: If the date inserted in to ocument's effective date on	te must be specific his block does no	and cannot be prior of meet the applic	able statutory fili	option (option or than 90 days after ng requirements, this	filing.) Pursuant	to 605.020 be listed a
record specifies a delayed ef is filed.	fective date, but	not an effective t	ime, at 12:01 a.m	on the earlier of: (b	) The 90th da	y after th
ated		<u>200</u> 5	By	sh		
	Signature o	f a member or auth	orized representativ	e of a member		

Filing Fee: \$25.00