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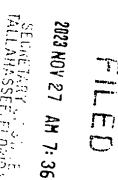
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COVER LETTER

Registration Section Division of Corporations

FO:

SUBJECT:	MEDINA V	VELLBEING LLC				
JOBJECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		IDARME MEDINA MILI	AN			
			Name of Person			
		MEDINA WELLBEING I	.L.C			
			Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indicator and feet a			
	Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. IDARME MEDINA MILIAN Name of Person MEDINA WELLBEING I.LC Firm/Company 1714 SW 18th ST Address MIAMI, FL 33145 City/State and Zip Code medina.idarme@gmail.com E-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: ME MEDINA MILIAN Name of Person Name of Person Area Code Daytime Telephone Number Seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy tadditional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					
	Address					
		MIAMI, FL 33145				
		-	City/State and Zip Code			
		E-mail address: (to be used for future annual report noti	fication)		
For further in	iformation c	oncerning this matter, please c	all:			
IDARME MEDINA MILIAN						
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status &		
Reg	gistration S	Section	Registration Se			
•				•		
Tal	lahassee, l	FL 32314	2415 N. Monro Tallahassee, FL			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDINA WELLBEING LLC

iny as it now appears on our records.) Liability Company)	
were filed on 10/19/2023	and assigned
ility company here:	
lity Company," the designation "LLC" or the ab	breviation "L.L.C."
1714 SW 18th ST Miami, FLorida 3314	5
1714 SW 18th ST Miami, FLorida 3314	5
address on our records, enter the nam	7. ·
Enter Florida street address	ECH JAN
city ee to act in this capacity. I further ag performance of my duties, and I am j provided for in Chapter 605, F.S. Or, address, I hereby confirm that the lin	familiar with and if this document is
	ility company here: ity Company," the designation "LLC" or the ab 1714 SW 18th ST Miami, FLorida 3314 1714 SW 18th ST Miami, FLorida 3314 Enter Florida street address City ee to act in this capacity. I further ago performance of my duties, and I am forovided for in Chapter 605, F.S. Or,

If Changing Registered Agent, Signature of New Registered Agent

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>Fitle</u>	<u>Name</u>	Address	Type of Action	
MGR	IDARME MEDINA MILIAN	1714 SW 18th ST Miami, FLorida 33145	= Add	
			🗆 Remove	
			□Change	
AMBR	IDARME MEDINA MILIAN	1714 SW 18th ST Miami, FLorida 33145	■Add	
			□Remove	
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'an effi Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this department of State's records.	ng.) Pursua	int to 60:	5.0207 ted as
record d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90th	day afte	er the
	11/15/2023			
Dated _.	Signature of a flientber or authorized representative of a member			

Typed or printed name of signee