

T. . L. L.LJ

Electronic Filing Menu Corporate Filing Menu

2023 06:22:42 PST To: 18506176383	Page: 2/4	From: Registered Agents Inc	Fax: 81343652
AF	RTICLES OF AMEND	MENT	
<b>x</b>	то		
AR	TICLES OF ORGANIZ	ZATION	
	OF		
Tree house wellbeing center LLC			
(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	
	(A Fiorida Limited Liaonity Compa		
The Articles of Organization for this Limited	Liability Company were filed or	11/10/23 and as	ssigned
Florida document number L23000510644			
This amendment is submitted to amend the fo	llowing		
This amendment is submitted to tanene the ho	alowing.		
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "I	L.L.C."
The new name must be distinguishable and contain the Enter new principal offices address, if appl		the designation "'LLC" or the abbreviation "I	L.L.C."
	icable:	the designation "LLC" or the abbreviation "I	L.L.C."
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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.

 11/22/2023 06:22.42 PST
 To: 18506176383
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 From: Registered Agents Inc
 Fax: 8134365206

 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:
 From: Registered Agents Inc
 Fax: 8134365206

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	El Haj, Mihaela	1701 BELLEAIR FOREST DRIVE #B	XiAdd
		BELLEAIR, FL 33756	🗆 Remove
			EiChange
AMBR	El Haj, Qaesar	1701 BELLEAIR FOREST DRIVE #B	XAdd
		BELLEAIR, FL 33756	Пепюус
			Change
			🗌 Add
			Change
			🗖 Add
			🗆 Remove
			□Change
			□Add
			🖸 Remove
			□Change
			🖸 Add
			□ Change

## D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.)

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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	, 2023
Nat	Signature of a member or authorized representative of a member

Nat Smith

Typed or printed name of signee

Filing Fee: \$25.00