

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500434159475

200 (T. 17 --- 10 2024 OCT 17 AH11: 33

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

2330.CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds from account: I20210000160: \$25.00 Authorization Signature:			
Business Name: Document # Certified Copy Certificate of S	L240000610 /		
NEW FILINGS	&	<u>AMENDMENTS</u>	
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		_X_AmendmentResignation / DissociationChange of Registered AgentDissolution for LLCMergerArticles of ConversionAmended & Restated Articles of IncorporationStatement of Correction	
APOSTILLE(s)	&	OTHER FILINGS	
Apostille(s) Country(s)		Foreign Filing LLCReinstatementQualificationFictitious NameAnnual Report	

COVER LETTER

	Registration S Division of Co			
SUBJECT	r	Advisors Group LLC		
			mited Liability Company	
The enclos	sed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
		ondence concerning this matte		
		Joshua Dew		
			Name of Person	
			Firm/Company	
		1870 Forest Hill Blvd., S	uite 204	
			Address	
		West Palm Beach, FL 334	101	
			City/State and Zip Code	
			(to be used for future annual report not	ification)
For further	information o	concerning this matter, please o	all:	
Joshua De	w		561 354-8545	
<u> </u>	Name o	f Person	at () Area Code Daytin	ne Telephone Number
inclosed is	a check for the	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	
	gistration S vision of C	oction Orporations	Registration Ser	
	O. Box 632		Division of Cor The Centre of T	
	llahassee, F			e Street Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wellness Advisors Group LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<u>-</u>
he Articles of Organization for this Limited Liability Company w		and assigned
orida document number L24000061015		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
ne new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		~;
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- 1
		*
If amending the registered agent and/or registered office ade	dress on our records, enter the nam	e of the new regist
ent and/or the new registered office address here:	·.	•
Maria (Maria)	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	
	City	7in 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 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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joshua Dew	1870 Forest Hill Blvd, Suite 204	= Add
		West Palm Beach, FL 33401	□n.
			□Change
AP	Wellness Management Services LLC	1870 Forest Hill Blvd., Suite 204	□Add
		West Palm Beach, FL 33401	■ Remove
			□Change
			⊡Add
			□Remove
			□ Change
			□Remove
			□ Change
			
			□Remove
			□ Change
			□Add
			□Remove
			□Change

authorized person and	add Joshua Dew as a Authorized Member
-	
	
effective date is listed, the da	n the date of filing: (optional) the must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ic. If the date machine mile	IIIS DIOCK Goes not meet the applicable statutory filing requirements, this date will not be listed
ament's effective date on	the Department of State's records.
cord specifies a delayed et s filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
October 17	2024
	Signature of a member or authorized representative of a member
	V ,
Joshua Dew	

Filing Fee: \$25.00