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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-8007 Fax Number : (305)397-0980

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: filings@usacorporationservices.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INNOVATE WELLNESS GROUP LLC

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From: Luis Grillo"

Fax: 18885334730

Tο.

Fax. (850) 517-6381

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovate Wellness Group LLC		
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000064640	02/06/2024	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		202 <b>4</b>
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		); <del>-</del>
B. If amending the registered agent and/or registered office address on our recoagent and/or the new registered office address here:	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida	street address	
Cite	Florida	
New Registered Agent's Signature, if changing Registered Agent:		zarcouc
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chabeing filed to merely reflect a change in the registered office address. I hereby company has been notified in writing of this change.	duties, and I am fa pter 605, F.S. Or. ij	miliar with and I this document is

H Changing Registered Agent, Signature of New Registered Agent

F	rn	191	 1115	Gri	IIn.	

Fax 18885334730

to:

Fax: (850) 617-6381

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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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MELCHIOR DAVID VAN DE VISCH	2241 Glenann Drive, Clearwater, 3376	4_ i <b>x</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			_ Change
			Change   P.
			Remose C
			DAdd
			🗆 Remove
			□Change
			🗀 Add
			□Remove
			□Add
			□Remove
			□Change

Typed or printed name of signee

Cubero Trejos Evelissa

CUBERO TREJOS EVELISSA