Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : 20 CONSULTING ENTERPRISE LLC

Account Number : 120220000099

: (964)382-6889

Phone Fax Number

: (321)296-7174

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

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELAND MEDICAL WELLNESS CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

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TO: Registration S Division of Go							
	MEDICAL WELLNESS CEN	TER LLC					
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspond	ondence concerning this matter	to the following:					
	FLOR LOZANO DUGGE	ER.					
		Name of Person					
	2D CONSULTING ENTE	ERPRISE LLC					
		Firm/Company					
	241 HAMMOCK AOK C	IRCLE					
	111177111111111111111111111111111111111	Address					
	DEBARY, FLORIDA 327	713					
		City/State and Zip Code					
	2DCONSULTINGENTERI	_					
		to be used for future annual report notification)					
ror further information of	oncerning this matter, please c	all:					
FLOR LOZANO DUGO	GER	904 382-0889 at () Area Code Daytime Telephone Number					
Name of Person		Area Code Daytime Telephone Number	_				
Enclosed is a check for the	ne following amount:						
≅ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Cortified Copy Certificate of Certified Copy (additional copy is enclosed)	Status & y				
Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations					
P.O. Box 632 Tallahassee, I	.7	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELAND MEDICAL WELLNESS CENT	TER LLC		
(Name of the Limited Lia (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L24000122282	y Company were filed on 03/11/2024	and assign	ned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abb	previation "L.L.C	2."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		2024	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	ಸು <u></u>	
		And the second	. • •
B. If amending the registered agent and/or registe			egistered
agent and/or the new registered office address here	2:	1 O	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	DWELL COLUMNISES MALES		
	, Florida	Zip 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

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
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			Change

	ling any	other info	rmation, e	nter cha	ange(s) h	ere: (Att	ach addi	tional sh	ets, if nec	essary.)		
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record s I is filed.		delayed effe	ective date,	but not a	n effective	time, at	2:01 a.m	, on the e	urlier of: (b)) The 9	Oth day af	ter the
M	ARCH	25			2024	·						
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ated				Harp ere of a me	ver Ke	sorn						

. From FLOR LOZANO DUGGER 1.321.296.7174 Wed Apr 3 17:53:18 2024 UTC Page 7 of 7

Filing Fee: \$25.00