

L24000140291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

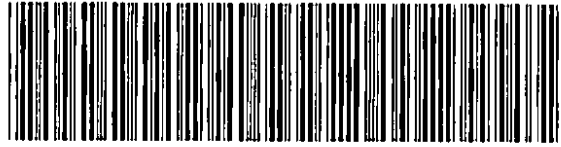
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/24--01004--006 **25.00

12/03/24--01004--007 **5.00

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2024 NOV 18 PM 4:13
CLERK OF STATE

Amend/Name Change

NOV 26 2024

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Wellness Four Life, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reubin Share

Name of Person

Reu-Dom & Associates

Firm/Company

3296 N. Federal Highway, #39588

Address

Fort Lauderdale, Florida 33339-8469

City/State and Zip Code

reubin.aclu@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reubin Share

754

242-2337

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

RECEIVED

JUN 03 2024

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

no check

JDK 06/03/24

FILED
2024 NOV 18 PM 4:13
CLERK OF STATE

REU-DOM & ASSOCIATES

October 31st 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite #810
Tallahassee, Florida 32303

To whom it may concern

Dear Sir/Madam

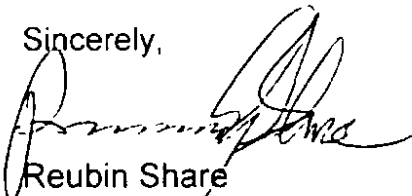
Please find enclosed payments in the amount of \$30.00 in the form of 2 money orders for the change of name on behalf of wellness4life, LLC L24000140291

My error for sending just \$25.00

I would like to let you know that she has no intention of reinstating corporate number L18000211539 and/or P04000161532

Thanking you in advance for the time you're going to devote to this matter really appreciate your assistance.

Sincerely,



Reubin Share
Managing Partner of
Reu-Dom & Associates,



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2024

REUBIN SHARE
REU-DOM & ASSOCIATIES
3296 N FEDERAL HIGHWAY, #39588
FORT LAUDERDALE, FL 33339-8469

SUBJECT: WELLNESS FOUR LIFE, LLC.
Ref. Number: L24000140291

We have received your document for WELLNESS FOUR LIFE, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 724A00015497

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WellnessfourLife, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03-01-2024 and assigned
Florida document number L24000140291

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Wellness 4 Life, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9680 Pines Blvd

Pembroke Pines, Florida 33024-6246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box #170084

Hialeah, Florida 33017-0084

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Elaine Rouch

New Registered Office Address:

9680 Pines Blvd

Enter Florida street address

Pembroke Pines

City

Florida 33024-6246

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

RECEIVED

JUN 03 2024

GR = Manager
MBR = Authorized Member

MBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

2024

Signature of a member or author:

Elaine Rouch

Typed or printed name of signee

Filing Fee: \$25.00