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08/04/24--01035--004 **25.00

2024 JUN -4 AM 5: 02

COVER LETTER

, TO:

Registration Section Division of Corporations

I AM CRA SUBJECT:	NE WELLNESS LLC		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	RACHEL V JEANTY		
		Name of Person	
	I AM CRANE WELLNES	S LLC	
		Finn/Company	
	13086 SW 88TH LANE		
		Address	· ····
	MIAMI FL 33186		
		City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
MICHAEL VACHON		954 650-7449 at ()	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

v as it now appears on our records.) ability Company)
vere filed on 4/25/2024 and assigned
ity company here:
y Company," the designation "LLC" or the abbreviation "L.L.C."
203
ddress on our records, <u>enter the name of the new registere</u>
Enter Florida street address
, Florida
City Zip Code
ee to act in this capacity. I further agree to comply with th performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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
MGR	CHRISTINE M JEANTY	13086 SW 88TH LANE MIAMI FL 33186	= Add
			□Remove
			□Change
MGR	PIERRE A JEANTY	9355 SW 181ST TERR PALMETTO BAY FL 3315	7 ≣ ∆dd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			Change

Andrew 2 1	
ective date, if other than the o	t he especific and cannot be prior to date of thing of more than 30 days after thing,) ruistaut to 0
e: If the date inserted in this blo	ock does not meet the applicable stantiory fiting requirements, this date with hot of h
ument's effective date on the De	spartment of State 3 records.
1 '7' July at affective	e date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day a
cora specifies a aeiavea citective	
cord specifies a delayed effective s filed.	
s filed.	3:00 PM //
	3:00 PM
MAY 3. 2024 ed	Signature of a member or authorized representative of a member

Filing Fee: \$25.00