



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000174899 3)))



H240001748993ABCB

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.  
Account Number : I20180000068  
Phone : (407)344-1012  
Fax Number : (407)344-1371

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

Email Address: \_\_\_\_\_

RECEIVED

2024 MAY 15 AM 11:15

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WHOLENESS GROWTH ESTATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2024 MAY 15 PM 2:51

FILED

T. LEMIEUX

MAY 16 2024



May. 15. 2024 9:50AM

COVER LETTER

No. 2623 P. 2/5

1240001749993

TO: Registration Section  
Division of Corporations

SUBJECT: WHOLENESS GROWTH ESTATES 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:

JULIAN VASQUEZ

Name of Person

FREEDOMTAX ACCOUNTING

Firm/Company

1016 E OSCEOLA PARKWAY

Address

KISSIMMEE, FL 34744

City/State and Zip Code

JVASQUEZ@FREEDOMTAXFL.COM

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

For further information concerning this matter, please call:

JULIAN VASQUEZ

407

344-1012

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)

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

May. 15. 2024 9:52AM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

No. 2623 P. 3/5  
H240001170113

WHOLENESS GROWTH ESTATES 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 4/29/2024 and assigned  
Florida document number L24000198108.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

May. 15. 2024 9:52AM

Form No. 2623 P. 4/5

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ORTIZ PULIDO, MARCO ALBER	15503 SW 116TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HOYOS MORA, FLOR NAYIBE	15503 SW 116TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

May. 15. 2024 9:52AM

H240001748 No. 2623 P. 5/5

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 15TH 2024

~~\_\_\_\_\_~~

Signature of a member or authorized representative of a member

MARCO ALBERTO ORTIZ PULIDO

Typed or printed name of signee

**Filing Fee: \$25.00**