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(R	equestor's Name)	
(A	ddress)	
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(Ċi	ity/State/Zip/Phone	· #)
PICK-UP	MAIT WAIT	MAIL
(Bo	usiness Entity Nam	ne)
		<u>-</u> .
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

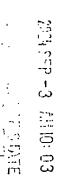




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## **COVER LETTER**

TO: Registration So Division of Cor				
Hoffman W	Vellness Group, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David Hoffman			
	<del> </del>	Name of Person	<del></del>	
	Hoffman Wellness Group.	ness Group. LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  David Hoffman  Name of Person  Hoffman Wellness Group, LLC  Firm/Company  310 Hawk Talon Dr.  Address  Lithia, Florida 33547  City/State and Zip Code hoffma33@gmail.com  E-mail address: (to be used for future annual report notification)  terning this matter, please call:  at (		
	Firm/Company			
	310 Hawk Talon Dr.			
	-	Address		
	Lithia, Florida 33547			
	City/State and Zip Code			
	hoffma33@gmail.com			
		·	cation)	
For further information c	concerning this matter, please c	all:		
David Hoffman				
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	
Mailing Addres	55:	Street Address:	2.4 夏 四次 西	
Registration :			tion THE O	
Division of C		Division of Corr	orations i -i -i co	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoffman Wellness Group, LLC

company has been notified in writing of this change.

(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  $\frac{5/03/2024}{1}$ \_\_\_\_\_ and assigned Florida document number 1.24000208876 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 Cirv 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

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	Rachel Hoffman	310 Hawk Talon Drive Lithia, FL 33547	<b>∃</b> Add
			□Remove
			□Change
			🗀 Add
			□ Remove
			Change
			□Add
			□Remove
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<del></del>			□Add
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f amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
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	-
ffective date, if other than the date of filing:	onal)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after a ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	filing.) Pursuant to 605,0207 a date will not be listed as t
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
is filed.	
ated August 26 th 2024.	[7]
	$\dot{\omega}$
Signature of a member or authorized representative of a member	MAIO: 03
David L Hoffman	O: O STA SFL
Davio L Hollman	, Έ ΰ

Filing Fee: \$25.00