

L24000215576

Florida Department of State
Division of Corporations
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From:
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WELLNESS OASIS, LLC

Certificate of Status	0
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M. SOLOMON

JUL 29 2024

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STATE
DIVISION OF
CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000254782

Wellness Oasis, 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 05/14/2024 and assigned Florida document number L24000215576

This amendment is submitted to amend the following:

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

Wellness Oasis Insurance Agency, LLC

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**)

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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

City, 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:

MCR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change

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COMMISSIONER OF COMMUNITY DEVELOPMENT
COMMISSIONER OF ECONOMIC DEVELOPMENT
COMMISSIONER OF HUMAN SERVICES
COMMISSIONER OF SOCIAL SERVICES
COMMISSIONER OF CHILDREN AND FAMILIES
COMMISSIONER OF YOUTH SERVICES
COMMISSIONER OF ADULT SERVICES
COMMISSIONER OF ELDER SERVICES
COMMISSIONER OF DISABILITY SERVICES
COMMISSIONER OF VETERAN SERVICES
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Dated 7-22 2024

Dale Cune
Signature of a member or authorized representative of a member

Dale Cassels
Typed or printed name of signer