

H24000260005

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOTAL WELLTH SOLUTIONS LLC

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K. SALY

AUG - 2 2024

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

H24000260005

Total Wellth Solutions 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 May 16, 2024 and assigned  
Florida document number L24000221872.

This amendment is submitted to amend the following:

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

B & B Wellness Consulting LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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**

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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:

MGR = Manager  
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephen Felts	8283 Baymeadows Rd E, #2413	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Antonio Felts	6325 Maple Rd	<input checked="" type="checkbox"/> Add
		Quinton, VA 23141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cory Kromray	8550 Oak Park Cir	<input type="checkbox"/> Add
		Minocqua, WI 54548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Blake Jones	114 Whitetail Lane	<input checked="" type="checkbox"/> Add
		Coldwater, MS 38618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Blakely Walden	106 Anna Cove	<input checked="" type="checkbox"/> Add
		Madison, MS 39110	<input type="checkbox"/> Remove

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

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Dated August 1 , 2024



Signature of a member or authorized representative of a member

Antonio Felts

Typed or printed name of signer