

L24000292799

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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10/08/24--01020--022 **25.00

COVER LETTER

TO: Registration Solution of Con		, e	
	•	* * *	••
SUBJECT: CARPATE	IIAN HEALTH AND WELLN		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CRINA CRISAN-DUMA		
		Name of Person	
	CARPATHIAN HEALTH	AND WELLNESS LLC	
		Firm/Company	
	8167 LUCELLO TER S		
		Address	
	Naples FL 34114		
		City/State and Zip Code	
	carpathianhealthandwellnes		
For further information c	n-mail address: (oncerning this matter, please c	to be used for future annual report no all:	titication)
CRINA CRISAN-DUM	A	at (360) 518-6092	
· · · · · · · · · · · · · · · · · · ·	f Person		ne Telephone Number
r 1 12 1 1 2 1			
Enclosed is a check for the	ic tollowing 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 Addres		Street Address:	
Registration Section		Registration Section	
Division of C	•	Division of Co	
P.O. Box 6327		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

CARPATHIAN HEALTH AND WELLNESS LLC

(Name of the Limited Liability Company as it now appears on our records.)

to Florida Camp	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24000292799</u> .	ny were filed on June 28 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li.	ability 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)	, <u> </u>	
		Ė ` ;
		1
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		m; G
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ne name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Little 1 Infille so et l'altan ess	
	Flor	idaZip Code

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

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
AMBR	CRISTINA MARCHIS-CRISAN	8167 LUCELLO TER S Naples FL 34114	≣ Add
			□Remove
			□Change
			□Add
			□Remove
		·	[] Change
			🗀 Add
			□Remove
			□Change
····			□Add
			⊡Remove
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				rized representative of a member	

Filing Fee: \$25.00