L24000305094

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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POZNANC 13 AMIN' 2014 AUG 13 PM 3: 06

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite-1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WELLNESS TEA LLC	—' —
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Step	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рһою Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ ,	Officer Search
ACT/	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
aun mar		S TEA LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for tiling.	
		ndence concerning this matter		
		5.	as me asses mg.	
		LARA LEANDRA		
		•	Name of Person	
		OPTION ONE ACCOUNT	TING INC	
			Firm/Company	
		3275 W HILLSBORO BL	VD #205	
			Address	1
		DEERFIELD BCH, FL 33	442	
			City/State and Zip Code	
		LARA@OPTFIRM.COM		
			to be used for future annual report	notification)
For further in	itormation c	oncerning this matter, please co	ıll:	
LARA			954 617.818 at ()	3
	Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$ 25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Addres Registration	
Div	ision of C	orporations	Division of	Corporations
P.C). Box 632	7	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 AUG 13 AM II: 21

WELLNESS TEA 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 I Florida document number 1.24000305094		07/09/2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on ou	r records, enter the n	ame of the new registered
Name of New Registered Agent:	OPTION ONE ACCOUNTING	G INC - EMANUELLE	OLIVEIRA
New Registered Office Address:	3275 W HILLSBORO BLVD	#205	
	Enter 1	lorīda street address	
	DEERFIELD BCH	, Florida	33442
	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.

/S/ EMANUELLE OLIVEIRA 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
MGR	FERREIRA COSTA, AMANDA A	2195 CELEBRATION BLVD	□Add
		CELEBRATION, FL 34747	≣Remove
			□Change
AMBR	PRISCILLA C. BECEGATO	3641 W HILLSBORO BLVD #F 101	\equiv A dd
		COCONUT CREEK FL 33073	□Remove
			☐Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (Uptional) (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) 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, 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 ord is filed. Dated /// AMANDA FERREIRA COSTA Signature of a member or authorized representative of a member AMANDA FERREIRA COSTA		PLEASE ADD EIN: 99-4399798
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Signature of a member or authorized representative of a member	Dated	08/13/24
		/S/ AMANDA FERREIRA COSTA
AMANDA FERREIRA COSTA		Signature of a member or authorized representative of a member
		AMANDA FERREIRA COSTA

Filing Fee: \$25.00