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## L24 000 316 790

(Re	questor's Name)	
(Ad	dress)	
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·	,	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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TO:

SUBJECT: <u>R</u> Q	ncol Wallna	$\lambda = \lambda \lambda v c$					
		SUBJECT: Rancol Wellness Addisors LLC					
	Name of Lim	ited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Latin	Name of Person	DONACAO				
	Pancel L	Nall Mass A	DOYYEYO Iduisons LLC				
	3609 Marco	Address					
	Tampo	City/State and Zip Code	1 4				
	,	City/State and Zip Code					
	<u>Καλίαταν</u> E-mail address: (	to be used for futule annual rep	ort notification)				
For further information	concerning this matter, please ca	all:					
M = N	/	<b>5</b> 0					
Name Name	a Rancol	at $(\frac{502}{\text{Area Code}})$	Paytime Telephone Number				
rane	or recom	Titel Code	Daynine receptione Number				
Enclosed is a check for	the following amount:						
to \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Division of The Centr 2415 N. A	ress: on Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears of Liability Company)	on our records.)					
The Articles of Organization for this Limited Liability Company were filed on $071443004$ and assigned Florida document number $124000316790$							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here	;;					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:		w 25					
(Principal office address MUST BE A STREET ADDRESS)		15. 25. 15. 15.					
		नि हि					
Enter new mailing address, if applicable:		<u> </u>					
(Mailing address MAY BE A POST OFFICE BOX)		200 B					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our reco	ords, enter the name of the new registered					
New Registered Office Address:							
	Enter Florida street address						
	, Florida						
New Registered Agent's Signature, if changing Registered Agent:	•	7.47 Com					
		pacity. I further agree to comply with the					

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
<u>462</u>	Kalia Raucol Borrero	3009 Harco Dy Tampa F1 33614	thAdd
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_ \_ (optional) (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)(b) 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. If 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00