

L24000318732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

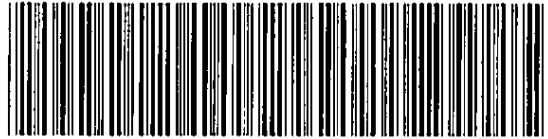
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sante Wave Wellness & Aesthetics, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon J. Taylor

Name of Person

Sante Wave Wellness & Aesthetics

Firm/Company

20275 Granlago Dr.

Address

Venice, FL 34293

City/State and Zip Code

SanteWave@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon J. Taylor

at (904) 625-2073

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Sante Wave Wellness & Aesthetics, 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 July 17, 2024 and assigned
Florida document number 1.24000318732.

This amendment is submitted to amend the following:

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

No change to name: Sante Wave Wellness & Aesthetics, 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)

900 Pine St. #111B

Englewood, FL 34223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4291 South Tamiami Trail, Unit 1047

Venice, FL 34293

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: Pamela K. McCloskey

New Registered Office Address: 4291 South Tamiami Trail, Unit 1047

Enter Florida street address

Venice, Florida 34293
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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Pamela K. McCloskey	4291 South Tamiami Trail, Unit 1047	<input checked="" type="checkbox"/> Add
		Venice, FL 34293	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brandon J. Taylor	20275 Granlago Dr.	<input checked="" type="checkbox"/> Add
		Venice, FL 34293	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

The LLC is amending its membership structure to reflect the addition of a new member.

Effective September 1, 2024, PeaK A&W, PLLC, a Florida Professional Limited Liability Company owned by Pamela K. McCloskey, is hereby admitted as a member of the LLC, with a 60% ownership interest.

The ownership structure of the LLC is now as follows:

- Total Care Anesthesia, LLC (Brandon J. Taylor): 40% ownership
- PeaK A&W, PLLC (Pamela K. McCloskey): 60% ownership

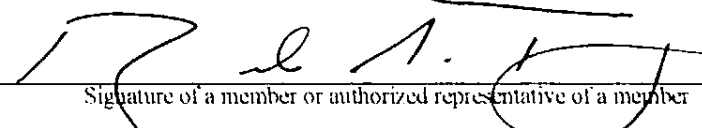
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

Dated September 16th, 2024



Signature of a member or authorized representative of a member

Brandon J. Taylor

Typed or printed name of signee