(shown below) on the top and bottom of all pages of the document.

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To:		r- : n
	Division of Corporations	ران المسلم مران المسلم
	Fax Number : (350)617-6383	
		လက္
From:		, TT Tt 1
	Account Name : JUDY ZHU TAX SERVICES LLC	ارن الله انحات
	Account Number : I20230000182	三字
	Phone : (321)215-1310	1 <u>;</u>
	Fax Number : (856)956-1099	• •

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JQ WELLNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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M. SOLOMON

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то:	Registration Se Division of Cor				
SUBJE	CT.	JQ WEI	LNESS LLC		
SOBJE		Name of Lin	nited Liability Company		
		Amendment and fee(s) are 3ut	-		
			JINGYANG QIN		
			Name of Person		-
			JQ WELLNESS LLC		2024 SEC
			Firm/Company		2024 SEP 1 SECRETA TALLA
		3372	WOODS EDGE CIR ST	E 105	<u> </u>
			Address	3-2-2-2	SSE A
		ВС	ONITA SPRINGS, FL 34	134	AM 11: 39 Y OF STATE \SSEE, FL
			City/State and Zip Code	~~	39 LE
			njamin19950805@gmai		
For freth	ser information c	b-mail address: (oncerning this matter, please o	to be used for future annual rep	on notification)	
101 11111			aji,		
_		ANG QIN	at (_239)	227-6742	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed	l is a check for th	e following amount:			
⊠ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ಮ) Certified	te of Status &
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Division of The Central 2415 N. N	ress: on Section of Corporations re of Tallahassee Monroe Street, Suite 8 ee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JQ WELLNESS LLO	C			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	ir records.)		•
The Articles of Organization for this Limited Liability Company	were filed on08/	20/2024	and a	ssigned
Florida document number <u>L24000364775</u>				
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 designat	ion "LLC" or the al	obreviation '	L.L.C."
Enter new principal offices address, if applicable:	3372 WOODS E	DGE CIR STE	105[7]	2024
Principal office address MUST BE A STREET ADDRESS)	BONITA SPRIN	GS, FL 34134	- 2:	35
		_	25	
Enter new mailing address, if applicable:	3372 WOODS E	EDGE CIR STE	1.53.4 1.30.7.	
(Mailing address MAY BE A POST OFFICE BOX)	BONITA SPRIN	IGS, FL 34134	77	39
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	•	s, enter the nan	e of the n	ew register
Name of New Registered Agent:	JINGYANG QIN			
New Registered Office Address:	3372 WOODS EDGE CIR STE 105			
	Enter Florida stre	et address		
	BONITA SPRINGS	, Florida	34134	
dew Registered Agent's Signature, if changing Registered Agent:	Ciù.		Zip 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
MGR	JINGYANG QIN	3372 WOODS EDGE CIR STE 105	□Add
		BONITA SPRINGS, FL 34134	□Remove
			. X Change
			□Add
			□ Remove
			STOREMOVE TO STORE
			□Add
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			GChange
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	g say voor miornan	on, enter change(s) here: (Attach additional sheet	s, y necessary.)	
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			39	
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(If an effective <u>Note:</u> If th	e date is listed, the date must be e date inserted in this block	ate of filing: a specific and cannot be prior to date of filing or more than 90 did does not meet the applicable statutory filing requirement of State's records.	_ (optional) lays after filing.) Pursuant to 605.020 ents, this date will not be listed a	17 (3)(t s the
If the record spe record is filed.	cifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the	;
Dated	09/10	2024		
		Jul		
-	Sig	nature of a member or authorized representative of a member		
		JINGYANG QIN		
-	**	Typed or printed name of signee	 -	