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(Req	uestor's Name)	
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(City	/State/Zip/Phone	#)
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To: Department Of State, Division Of Corporations From: Shauna Godbolt Ext: x61563 Date: 11/21/24 Order #: 1692538-1 Re: Empowered Health, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number: 12000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF AMENDMENT	ţ	
TO ARTICLES OF ORGANIZATION	FILED	
OF	2024 NOV 21 PM 1:07	
Empowered Health, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(<u>Name of the Limited Liability Company as it now appears on our</u> (A Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company were filed on		
lorida document number L24000408929		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Wellness Revolution, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·····	
	enter the name of the new regi	
	enter the name of the new regi	
agent and/or the new registered office address here:	enter the name of the new regi	
agent and/or the new registered office address here: Name of New Registered Agent:	enter the name of the new regi	
agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		

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 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

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<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
	<u> </u>		🗆 Add
			🗆 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.

Dated	NOVEMBER 20		2024	
	<u> </u>	,		

Lauster Q Adkins Qr. Signature of a member of a uthorized representative of a member

Lauster James Adkins, Jr.

Typed or printed name of signee

Filing Fee: \$25.00