1/30/25₄ 8:51 AM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRETCH ZONE AMELIA LLC

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K. SALY

JAN-3-1-2025

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COVER LETTER

TO:	Registration Se Division of Cor				
CHD ICA	Stretch Zoi	ne Amelia LLC			
SUBJEC	C. I :	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Erik Treutlein			
			Name of Person		
		Legalzoom.com, Inc.			
	Firnt/Company				
		9900 Spectrum Dr			
		 	Address		
		Austin, TX 78717			
			City/State and Zip Code		
		szamelialic@gmail.com			
		E-mail address: (i	o be used for future annual report no	otification)	
For furth	ner information e	oncerning this matter, please co	dl:		
Erik Tre	eutlein		800 773-0888		
	Name o	t Person	Area Code Dayti	me Telephone Number	
Enclosed	d is a check for t	he following amount:			
□ \$25.	00 Filing Fee	S30.00 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)	
	MAIL	ING ADDRESS:	STREET/COUI	RIER ADDRESS:	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Stretch Zone Amelia 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 $\frac{01/03/2025}{}$ ____ and assigned Florida document number <u>L25</u>000005573 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ShareMy Wellness 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street uddress __, Florida ____

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

o:	 Page: 5 of 6	2025-01-30 06,54:56 PST	LegalZoom.com, Inc.	From, Melanie Iban

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 = Ma $AMBR = Au$	mager thorized Member		
Title	Name	Address	Type of Action
			🗖 Add
			☐ Remove
			Change
			Change Add
			□ Remove
			☐ Remove
			□ Change
			□ Add
			□ Remove
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D. Ham	iending any other inform	ation, enter change(s) here: (Attacl	i additional sneets, ij necessary.)	
				
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E. Effec	tive date, if other than th ffective date is listed, the date mi	e date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 6	05.0207 (3)(b)
Note:	: If the date inserted in this b	block does not meet the applicable statut	ory filing requirements, this date will not be li	isted as the
docur	ment's effective date on the I	Department of State's records.		
			ective time, at 12:01 a.m. on the ear	lier of:
(b) The	e 90th day after the re-	cord is filed.		
	1 20.5	2025		
Dated	January 30th	. 2025		
	_			
	/S/ Jeremy L C	Oleman Signature of a member or authorized repre		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00