

M17000002310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

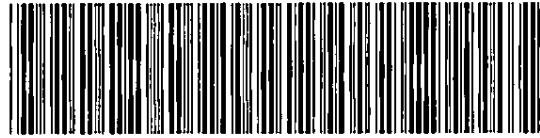
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Amendmat

1. Zenwise Health LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zenwise Health LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aditya Patel

Name of Person

Patel Wellness, LLC

Firm/Company

7282 Chelsea Harbor Drive,

Address

Orlando, FL 32829

City/State and Zip Code

apatel790@gmail.com

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

For further information concerning this matter, please call:

Scott Jablonski

Name of Person

at ( 321 ) 222-0930

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Zenwise Health LLC

Enter new principal office address, if applicable: 7282 Chelsea Harbor Drive

*(Principal office address*

*MUST BE A STREET ADDRESS)*

Orlando, FL 32829

Enter new mailing address, if applicable:

*(Mailing address*

*MAY BE A POST OFFICE BOX)*

7282 Chelsea Harbor Drive

Orlando, FL 32829

2. The Florida document number of this limited liability company is: M17000002310

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 20, 2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Patel Wellness, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: Aditya Patel

New Registered Office Address: 7282 Chelsea Harbor Drive

*Enter Florida Street Address*

Orlando

*City*

Florida

32939

*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.*

*DocuSigned by:*

Aditya Patel

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Zachary Popovich	12000 Research Pkwy Ste 132	<input type="checkbox"/> Add
		Orlando, FL 32826	<input checked="" type="checkbox"/> Remove
MGR	Aditya Patel	7282 Chelsea Harbor Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Aditya Patel  
DocuSigned by:  
868F7002D-Signature of the authorized representative

**Aditya Patel**

Typed or printed name of signee

Filing Fee: \$25.00


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "ZENWISE HEALTH LLC",  
CHANGING ITS NAME FROM "ZENWISE HEALTH LLC" TO "PATEL WELLNESS,  
LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF JANUARY, A.D.  
2018, AT 2:26 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

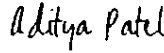
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:26 PM 01/08/2018  
FILED 02:26 PM 01/08/2018  
SR 20180118827 - File Number 5793967

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Zenwise Health LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is hereby amended to Patel Wellness, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 5th day of January, A.D. 2018.

By:   
868F7002D18D4BF  
Authorized Person(s)

Name: Aditya Patel  
Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZENWISE HEALTH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZENWISE HEALTH LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5793967 8300

SR# 20180084327

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 201924056

Date: 01-05-18