

M20000003177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

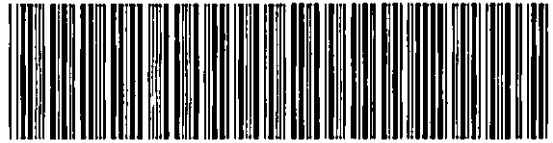
(Document Number)

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

Special Instructions to Filing Officer:

*Repeal*

Office Use Only



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2022 JUN -4 PM 5:12

O SIMMONS  
JUN 14 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2021

CYNTHIA DAVIES  
8051 N. TAMiami TRAIL  
STE E6  
SARASOTA, FL 34243

SUBJECT: INTERNATIONAL WELLNESS AND REGENERATIVE MEDICINE  
LLC  
Ref. Number: M20000003177

We have received your document for INTERNATIONAL WELLNESS AND REGENERATIVE MEDICINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 321A00011115

RECEIVED  
JUN 04 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

International Wellness and Regenerative Medicine LLC

**SUBJECT:** \_\_\_\_\_  
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:

Cynthia Davies

\_\_\_\_\_  
Name of Person

Cindy's Florida LLC

\_\_\_\_\_  
Firm/Company

8051 N. Tamiami Trail, STE E6

\_\_\_\_\_  
Address

Sarasota, FL 34243

\_\_\_\_\_  
City/State and Zip Code

cindy@cindysfloridallc.com

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

For further information concerning this matter, please call:

Cynthia Davies

727

300-0042

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**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)**

2022 JUN -4 PM 5:13

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: International Wellness and Regenerative Medicine LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M20000003177

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 03/18/2020

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

5. New name of the limited liability company: International Wellness and Regenerative Management, 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*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

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)(e), indicate that change: *2022 JUN -4 PM 5:13*

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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.

*Cynthia Davies*  
Signature of the authorized representative

Cynthia Davies

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**International Wellness and Regenerative Management, LLC**

is a


**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 18, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000861828**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of June, 2021 at 9:11 AM. This certificate is assigned ID Number 044924839.



  
Secretary of State



**Wyoming Secretary of State**  
Herschler Building East, Suite 101  
122 W 25<sup>th</sup> Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Email: [Business@wyvo.gov](mailto:Business@wyvo.gov)

WY Secretary of State  
FILED: 03/08/2021 08:00 AM  
Original ID: 2019-000861828  
Amendment ID: 2021-003144168

## Limited Liability Company Amendment to Articles of Organization

1. Name of the limited liability company:

International Wellness and Regenerative Medicine, LLC

2. The date of filing its articles of organization:

06/18/2019

3. Article number(s)

I

is amended as follows:

*\*Article number(s) is not your filing ID number. Example: 2000-000123456*

The name of the limited liability company is: International Wellness and Regenerative Management LLC

Signature:

*Vicky Odiaga*

(Shall be executed by a person authorized by the company.)

Date:

2/15/2021

(mm/dd/yyyy)

Print Name:

Vicky Odiaga

Contact Person:

Vicky Odiaga

Title:

Authorized Individual

Daytime Phone Number:

307-683-0983

Email:

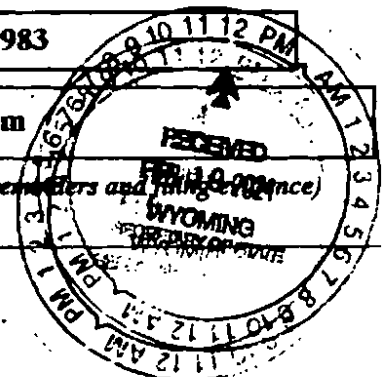
[reports@cloudpeaklaw.com](mailto:reports@cloudpeaklaw.com)

(Email provided will receive annual report reminders and filing assistance)

*\*May list multiple email addresses*

### Checklist

- ☐ **Filing Fee: \$50.00** Make check or money order payable to Wyoming Secretary of State.
- ☐ Please submit one originally signed document.
- ☐ Typical processing time is 3-5 business days following the date of receipt in our office.
- ☐ \*Refer to original articles of organization to determine the specific article number being amended or use the next number in sequence if you are adding an article.
- ☐ Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.



**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

**CERTIFICATE OF NAME CHANGE**

Current Name: **International Wellness and Regenerative Management, LLC**

Old Name: **International Wellness and Regenerative Medicine, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **8th** day of **March, 2021**



Filed Date: 03/08/2021

*Edward A. Buchanan*

Secretary of State

By: Kim McColl