N2100013864

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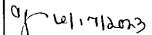
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2023 APR 11 AH11: 22



COVER LETTER

TO: Amendment Section Division of Corporations

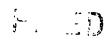
Tallahassee, FL 32314

NAME OF CORPORATION:	Wellness, Inc.			
N21000013864 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning th	is matter to the followi	າຍ:		
Karen Osborne				
	(Name of Conta	ict Person)	
Just In Time Wellness, Inc.				
	(Firm/ Con	ipany)		
1777 Wavecrest Street				
	(Addre	ss)		
Merritt Island, FL 32952				
	(City/ State and	Zip Code)	
krence110@gmail.com				
E-mail address: (to	be used for future annu-	al report n	otificatio	n)
For further information concerning this matter.	please call:			
Karen Osborne		443 at		306-3578
(Name of Contact	Person)		a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Flo	rida Depa	rtment of	State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	Fee & S43.75 Filing Status Certified Cop (Additional co	y	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	nent Sect of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)	2023 APR 11 AM 11: 22
Just In Time Wellness, Inc. Document Number N21000013864	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
(Document Number of Corporation (if know	wn) WILLIAMS SEE, FL
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For F</i> amendment(s) to its Articles of Incorporation:	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
Same NA	The new
name must be distinguishable and contain the word "corporation" or "incorporated" on "Company" or "Co." may not be used in the name.	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Same Same	
D. If amending the registered agent and/or registered office address in Florida, en	ter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent: Same NA	
New Registered Office Address:	la street address)
Same NIA	Florida
(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the	obligations of the position.
NIA	
NJP Signature of New Registere	d Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

, P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X. Remove X. Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change Add		<u>N/A</u>	
Remove			
2) Change Add		<u>N/A</u>	
Remove 3) Change Add Remove		<u>N/A</u>	
4) Change Add		<u>N/A</u>	
Remove			
5) Change Add		<u>N/A</u>	
Remove			
6) Change Add		<u>N/A</u>	
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
Amend Articles to the fol	lowing:		
Said organization is organ	nized exc	usively for charitable, religious, educational, and scientifications.	entific purposes, including, for such
purposes, the making of d	listributio	ns to organizations that qualify as exempt organization	ons described under Section 501 (c)(3)
of the Internal Reveue Co	de, or co	rresponding section of any future federal tax code.	
Upon the dissolution of th	ie organia	tation, assets shall be distributed for one or more exer	npt purposes within the meaning of

Section 501 (c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code, or shall be		
distributed to the federal government, or to a state or local government, for a public purpose.		
·		
The date of each amendment(s) adoption: NA		
Effective date if applicable: (no more than 90 days after amendment file date)		
(no more than 90 days after amendment file date)		
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.		
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		

	1/2/2023
•	4/2/2023 Dated
	Signature KALW OSCONO,
	(By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	other court appointed reductary by that reductary)
	Karen Osborne
	(Typed or printed name of person signing)
	Director
	(Title of person signing)