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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: NILL	Earth Ther	apy IVU		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Judith	Pasos Landa Name of Person	U	
	New Ear	th therapy Firm/Company	<u></u>	
	10601	SW 110 Av	<u>C</u>	
	Judipas.	City/State and Zip Code OS. Lm H C@ gmail. to be used for future annual report not	(Orm	
For further information cor	cerning this matter, please ca	all:		
Judi Po Name of F	asos Landa Person	at (307) 775 Area Code Daytin	5 565 Y ne Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee AWKING THERT	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	SECRETALL ALL ALL ALL ALL ALL ALL ALL ALL ALL	을 !!!
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Earl	h Weavaou 1	LL
(Name of the Limited Linb (A Flori	ility Company as it now appears on our da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were med on	12/32/2015 100/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADL	ORESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	red office address on our records.	SECRETARY Of the new registered
agent and/or the new registered office address here	:	FEE 6
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juaitor Pasos Landan		DANG title
			□Remove
			□Change
			□Add
			□ Remove
		SECRE	Change
		AHASS	Change Change Change Change Change
			on 1997 □ Offange
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
\ . X _(hange Judim Pasos landau title
	to manager
	TO VICAVIOLOGICIE
_	
	Split company ownership Between two
_	managers
	Judity Pasos Landau = 5090
	Ryan Landau = 50%
_	Jeve Louis Cook
	
_	
	SED 1742
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	ARY 23
	SEE SEE
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_	In 🛂
(If an effective Note: If	tive 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)(1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the att's effective date on the Department of State's records.
f 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
Dated	08/17 2022
	Signature of a member of authorized representative of a member
	organization additional representative of a memory
	Judith Pasos, Landay.