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COVER LETTER

Registration Section Division of Corporations

1:

Name of Limited Liability Company
enclosed Articles of Amendment and fee(s) are submitted for filing.
ase return all correspondence concerning this matter to the following:
Annis Arasıli Name of Person
Healthy Women's Weist and Wellness, UC
13901 US 1 State 5
Juno Beach, Ft 33408 City/State and Zip Code Annis, avasina yahoo com
further information concerning this matter, please call:
Annis Arasini at (501) 301 - 2873 Name of Person Area Code Daytime Telephone Number
osed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status} \$\times \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy Would's | Deight and Unally | Lic |

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 3 | 5 | 2009 and assigned rida document number L 900022242

Is amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Nellows First Luc new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

ter new mailing address, if applicable:

ailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered

If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent 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

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 18 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 19 any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Authorized Member

<u>.IC</u>	Name	Adoress	Type of Action
			□Add
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men	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>e:</u> If	e date, if other than the date of filing:
ord file	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 d.
ed	9/29/20 Signature of a member or authorized representative of a member
	Holly Hadley Typegor printed name of signee