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(Re	equestor's Name)	
(Ad	ldress)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

TO: Registration So Division of Cor			, v
The Junto 1		•	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Sanders		
		Name of Person	
	The Junto Tribe LLC		
		Firm/Company	<del> </del>
	906 Fallin Branch Court		
		Address	
	Niceville, Florida 32578		
		City/State and Zip Code	
	mjgsanders@gmail.com	to be used for future annual report no	ALCON AND AND AND AND AND AND AND AND AND AN
For further information of	concerning this matter, please c	·	янісацон)
Michael Sanders		303 475-9267	
Name o	f Person		ine Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	· cation
Registration : Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Junto Tribe LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/10/2013}{1}$ \_\_\_\_\_ and assigned Florida document number  $\frac{1.13000127480}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Holos Human Performance LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) B. If amending the registered agent and/or registered office 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 City

## 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
			□Add
			□Remove
			□Change
			□ Add
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		<del></del>	□Remove
			□ Change

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