L1500000 2075

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SECRE MARY OF STATE

JALLAHASSES, FLORIDA

DEMINIO FEB 1 - 2015

TO ARTICLES OF ORGANIZATION OF

MindFresh Mindfulness, LLC

| (Name of the Limited Liability Compar (A Florida Limited L | ay as it now appears on our records.) ability Company) | |
|--|--|-----|
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L150000 2035</u> | were filed on $\frac{O1}{O6}$ $\frac{O0}{2015}$ and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi Project alm, LLC The new name must be distinguishable and end with the words "Limited Liabi | | - |
| 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 of registered agent and/or the new registered office address here | | new |
| Name of New Registered Agent: | N Comp. | - |
| New Registered Office Address: | | - |
| | Enter Florida street address | |
| | City Florida Zin 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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Title Name** Address __ Add _____ Remove ___ 🗀 Add ☐ Remove _____ □ Add ☐ Remove _____ □ Remove ☐ Remove ____ □ Remove

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| The effective date must be specific, cannot be prior to date of receipt or filed date and | (optional) I cannot be more than 90 days after |
| The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) | (optional) I cannot be more than 90 days after |
| The effective date must be specific, cannot be prior to date of receipt or filed date and | (optional) I cannot be more than 90 days after |
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Page 3 of 3

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