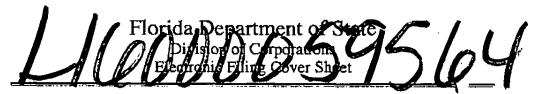
Division of Corporations

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARFISH GROUP, LLC							
(Name of the Limited Linb) (A Florid	lity Company as it now appears on our records.)  Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on 03/24/2016 and assigned Clorida document number L16000059564							
rida document number L16000059564  is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  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:  incinal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  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 distanced agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address							
A. If amending name, enter the new name of the lin	nited liability company here:						
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the	were filed on 03/24/2016 and assigned  collity company here:  iiity Company," the designation "LLC" or the abbreviation "L.L.C."  Enter Florida street address  City Jip Code  Tee to act in this capacity. I further agree to comply with the experiormance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD	PRESS)						
		ter the name of the new					
Name of New Panistered Agent		ALC:					
		The second secon					
		135 TT					
		- Zip Code					
New Registered Agent's Signature, if changing Register	ed Agent:						
provisions of all statutes relative to the proper and	complete performance of my duties, and I a agent as provided for in Chapter 605, F.S. ( red office address, I hereby confirm that the	m familiar with and Or, if this document is					

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MBR	Healthy Virtue, LLC	525 TAMIAMI TRAIL, UNIT #5	Add
		PORT CHARLOTTE FL. 33953	Remove
			☐ Change
			□ Remove
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