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COVER LETTER

TO:

TO: Registration S Division of Co			
Healthy Y	ields, LLC		4
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Mechell Duran		
		Name of Person	20
	Healthy Yields, LLC		DITTY APR 22
		Firm/Company	R 22
	485 SW 198 Terrace		·,
		Address	
	Pembroke Pines, Fl 33029		
	mechelldavis@gmail.com	City/State and Zip Code	
	= -	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Mechell Duran		786 547-9933	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of To 2415 N. Monro Tallahassee, Fl.	porations fallahassee e Street, Suite 810

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy Yields, 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 06/06/2016 and assigned Florida document number __L16000109040 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Faith Health Motherhood, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 , Florida_ 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 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

<u>Title</u>	Name	Address	Type of Action
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			🗆 Remove
			🗆 Change
			_ □Add
		SEC. TACK	2021 Remove
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Effective date, if other than the date of filing: I am effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	to date of filing or more table statutory filing r	(optio than 90 days after f equirements, this	filing.) Purs	suant to 605,0 not be listed)207 d a s
record specifies a delayed effective date, but not an effective tid is filed.	ime, at 12:01 a.m. on	the earlier of: (b)	The 90t	h day after t	the
Dated April 16 2024	<u> </u>				
Wachall Duran Signature of a member or author					
Signature of a member or author	orized representative of	a member		· — <u>-</u>	

Filing Fee: \$25.00