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COVER LETTER

| TO: | | stration Section of Corp | | · | |
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| CUDII | | | dvocates & Consulting, LLC | | |
| SUBJE | ECT: _ | | Name of Limi | ted Liability Company | . |
| The en | closed . | Articles of a | Amendment and fee(s) are subr | mitted for filing. | |
| Please | return a | all correspo | ndence concerning this matter t | to the following: | |
| | | | Yensy Acosta | | |
| | | | | Name of Person | |
| | | | Wellness Advocates & Con | nsulting, LLC | |
| | | | | Firm/Company | |
| | | | 21 NW 1st AVE | 1434 | |
| | | | | Address | |
| | | | Dania, FL. 33004 | | |
| | | | | City/State and Zip Code | |
| | | | YensyAcostaLCSW@gmail | | |
| | | | | o be used for future annual report notif | ication) |
| For tur | ther ini | ormation co | oncerning this matter, please ca | ill: | |
| Yensy | Acosta | ı | | 305 606-3882 at () | |
| | | Name of | l Person | Area Code Daytime | : Telephone Number |
| Enclos | ed is a | check for th | e following amount: | | |
| □ \$2: | 5.00 Fil | ling 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) |
| RECEIVED | 2019 MAR 18 PM 2:27 | Registra Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32; | n ations nter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| SECRETA | 4000. | AH 10: 36 |
| ords (A) | HASSE | E EATE |

Wellness Advocates & Consulting, LLC (Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company) 09-18-17 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blue Ocean Minds, 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) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address __, Florida ___

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.

City

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 = M $AMBR = A$ | lanager uthorized Member | • | |
|--------------------|-----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Page 3 of 3

Filing Fee: \$25.00