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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Healing Beyond	Belief LLC	
	Name of Li	mited Lanbility Company	<del></del>
The enclosed Articles of	el' Amendiment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	Dayl Kump		
		Name of Person	
	Healing Beyond Belief L	C	
	<del> </del>	Firm/Company	
	9 Anchor Drive		
		Address	<del></del>
	Indian Harbour Beach, H	. 32937	
		City/State and Zip Code	<del></del>
	Healbeyondbelief@gmail.c		
	E-mail address.	(to be used for future annual report not	itication)
For further information of	concerning this matter, please c	all:	
Dayl Kumpa		321 720-1019	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount.		
冒 \$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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 February 16, 2018 and assigned Florida document number 1.18000042413 This amendment is submitted to amend the following. A. If amending name, enter the new name of the limited liability company here: Healing Beyond Belief LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 9 Anchor Drive, Indian Harbour Beach, FL, 32037 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 9 Anchor Drive, Indian Harbour Beach, FL 32037 (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/AName of New Registered Agent: 9 Anchor Drive New Registered Office Address: Enter Florida street address Indian Harbour Bech Florida 32937

New Registered Agent's Signature, if changing Registered Agent:

Cellular Sole Healing LLC

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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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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 Membe	r		

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Page 3 of 3

Filing Fee: \$25.00