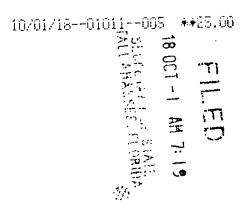


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COVER LETTER

TO: , Registration Section Division of Corporations
SUBJECT: Bone Broth Maide with Harmony Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wirsteen Mitchell Name of Person
Bone Broth Made with Harmony
4770 S.W. 153 terrace
Miramur, FL 33027 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kinsteen Mitchell at (786) 423-1375 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rome Broth Made with Harmon

(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) ability Company)	110114
The Articles of Organization for this Limited Liability Company v	were filed on 9-24-18	and assigned
Florida document number <u>L18000 aa 6 109</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Made For Harmony The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liabi	ty Company," the designation "LLC" of	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:		a m
(Mailing address MAY BE A POST OFFICE BOX)		7000
		7
		0% T
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

New Registered Agent's Signature, it 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 = N $AMBR = A$	lanager .uthorized Member		
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Filing Fee: \$25.00