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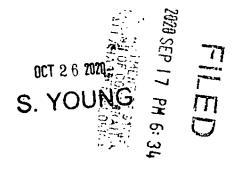
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO:	Registration Section Division of Corporations		••	** *	
SUBJE	CT: Srand Mind Cind	nited Liability	<u>velly</u> Company	<u>.</u> CSS	
The enc	losed Articles of Amendment and fee(s) are sub	mitted for fil	ing.		
Please r	eturn all correspondence concerning this matter	to the follow	ring:		
	Kan. Lei	Name	DONEY.		
	Soura_m	Firm/C	Company J	Wellne	<u> </u>
	12360 66ti	St V.	Largo, F	<u>L 3.3</u>	77.3
	Largo, FL Soundmindas E-mail address:	3377 City/State (3 and Zip Code		
	Soundmind as E-mail address: (io be used for	r il ross a gr future annual report n	<u>المثل (()</u> otification)	<u>.v</u>
For furt	her information concerning this matter, please co	all:			
<u>Em</u>	Manuelle K Lowis Tol	at (A)	127) 373 rea Code Days	6737 ime Telepho	Z ne Number
Enclose	d is a check for the following amount:				
© \$25	.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	Certif) Filing Fee & fied Copy onal 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

_Sound mind and bod	ly Wellness	
(Name of the Limited Liability Comp. (A Florida Limited	and as it now appears on a Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		2 7
This amendment is submitted to amend the following:		6: 3
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "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 agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida str	eet address
	City	Florida Zip Code
	Cuy	zip Coae

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 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>	<u>Name</u>	Address	Type of Action
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		FL, 33761 # 8304	Remove
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f an effe Note:	ve date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	201 Milion
	Signature of a member or authorized representative of a member
	F MANGENG LEUS - No Wells Typed or printed name of signee