## L18000277031

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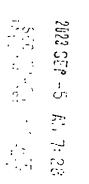
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	0 Health, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Laura Myslewicz			
		Name of Person		
	Explore 360 Health, LLC			
		Firm/Company		
	351 10th Avenue, NE	·		
	<del></del>	Address		
	St. Petersburg, FL 33701			
		City/State and Zip Code		
	Lm9r@virginia.edu  F-mail address: (	to be used for future annual report noti	(fication)	
For further information c	oncerning this matter, please c		,	
Laura Myslewicz		703 314-2005		
Name o	t Person	at ()	te Telephone Number	
Enclosed is a check for the	ne 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 Address		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Oazyz Energy, LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	u our record <u>s.</u> )
The Articles of Organization for this Limited Liability Company were filed on Nover	mber 29, 2018 and assigned
Florida document number L18000277031	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	:
Explore 360 Health, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "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 reco	ords, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	7. 2
	street address
	, Florida
Çïıy	Zip Code
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>	Name	Address	Type of Action
			□Add
			□Remove
			□Remove
			Change
			□Add
		<del> </del>	□Remove
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			□Remove
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			⊒Add
			□Remove
			Change

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n effect i <mark>te:</mark> [f	e date, if other than the date of filing:
cord s	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
ted	august 25, 2023
	1 1 1
	Signature of a member or supported representative of a member
	LANZA SALAMIDO MYSLEWICZ
	LANXA MAMINOMISCENICZ