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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

Attached please find my LLC change request form. My contact name and number is Diane Vich, (786) 478-2315.

My mailing address is below:

Diane M Vich Orgazmik Healing LLC 15381 SW 26 Terrace Miami, FL 33185

Thank you for your assistance.

Have a beautiful day and stay safe.

Diane M Vich

COVER LETTER

| TO: | Registration Division of C | Section Corporations |
|----------------|-------------------------------|--|
| CUDIC | DIANE" | S WELLNESS AND HOLISTIC HEALTH, LLC |
| SUBJE | CI: | Name of Limited Liability Company |
| The enc | losed Articles | of Amendment and fee(s) are submitted for filing. |
| Please r | eturn all corre | spondence concerning this matter to the following: |
| | | Diane M. Vich |
| | | Name of Person |
| | | Diane's Wellness & Holistic Health LLC |
| | | Firm/Company |
| | | 15381 SW 26 Terrace |
| | | Address |
| | | Miami, FL 33185 |
| | | City/State and Zip Code dianevich@gmail.com |
| | | E-mail address: (to be used for future annual report notification) |
| For furth | er information | concerning this matter, please call: |
| Diane V | | 786 478-2315 at () |
| | Name | e of Person Area Code Daytime Telephone Number |
| Enclosed | l is a check for | the following amount: |
| ¥ \$25. | 00 Filing Fee | \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIANE'S WELLNESS AND HOLISTIC HEALTH, LLC (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 ²⁻¹⁴⁻²⁰²⁰ and assigned Florida document number _____19000032593 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Orgazmik Healing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C" 15381 SW 26 Terrace Enter new principal offices address, if applicable: Miami, FL 33185 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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