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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE |
| JAN - 7 2022 |
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Office Use Only



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SECRETARY OF CHAR

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| TO: | | | er i | • |
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| CHD II | | ssociates, LLC | | |
| SUBJI | EC1: | Name of Limit | ted Liability Company | <u> </u> |
| The er | iclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Brendaliz Zanetti Name of Person | | | | |
| | | Brendaliz Zanetti | | |
| | | | Name of Person | |
| | | Zanetti & Associates, LLC | are submitted for filing. matter to the following: Name of Person es, LLC Firm/Company f Address City/State and Zip Code mail.com ddress: (to be used for future annual report notification) please call: at (Area Code Daytime Telephone Number e & S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | | | Firm/Company | |
| | | 12982 SW 221st ST | | |
| | | | Address | |
| | | Miami, FL 33170 | | |
| Brendaliz Zanetti Name of Person Zanetti & Associates, LLC Firm/Company 12982 SW 221st ST Address Miami, FL 33170 City/State and Zip Code zanettiassociates@gmail.com E-mail address: (to be used for future annual For further information concerning this matter, please call: Brendaliz Zanetti 305 29 at (| | | | |
| | | | | ation) |
| For fu | rther information c | | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | 305 2990767 | |
| | Name o | f Person | | Felephone Number |
| Enclo | sed is a check for the | he following amount: | | |
| □ S: | 25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Address Registration ! | | <u>Street Address:</u> Registration Secti | ion |

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

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

FILED

2021 DEC 20 AM 9: 13

Zanetti & Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FI

| The Articles of Organization for this Limited Liability Company w | ere filed on 10/07/2019 | and assigned |
|--|---|-----------------------------------|
| Florida document number 85-11680776 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ty company here: | |
| Holding Space Wellness Consulting, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | Company," the designation "L | LC" 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) | | |
| | | |
| | | |
| agent and/or the new registered office address here: | dress on our records, <u>ent</u> | er the name of the new registered |
| | dress on our records, <u>ent</u> | er the name of the new registered |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | Enter Florida street ada | ress |
| Name of New Registered Agent: | Enter Florida street ada | ress |
| Name of New Registered Agent: | the following: name of the limited liability company here: ain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." applicable: | |

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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| | 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 |
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| | 2/13 2021 | |
| ated | | |
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| | Signature of a strength or authorized representative of a member | |
| | Signature of a tember or authorized representative of a member | |

Filing Fee: \$25.00