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COVER LETTER

TO:

•••					
Healthy Wo	ellthy LLC				
SUBJECT:	Name of Lim	ited Liability Company			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Certified Copy tadditional copy is enclosed Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee					
Please return all correspo	ondence concerning this matter	to the following:			
	Miata Steinberg				
		Name of Person			
	Essuntials				
		Firm/Company			
	200 2nd Ave S Suite 721				
		Address	•		
	St. Petersburg, FL 33701				
		City/State and Zip Code			
	= = =				
			ification)		
For further information c	concerning this matter, please c	all:			
Miata Steinberg					
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &		
			ation		
-		-	-		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

filed on 11/19/2019 and assigned ompany here: npany," the designation "L.C." or the abbreviation "L.L.C."
ompany here: npany," the designation "L.C." or the abbreviation "L.L.C."
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npany," the designation "L.L.C." or the abbreviation "L.L.C."
~
ss on our records, <u>enter the name of the new reg</u>
Enter Florida street address
, Florida

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 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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
		 	
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. It amending any o	ther information, enter (cnange(s) nere: 7.	utaen aaattonat sne	eis, y necessary.)	
					
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(If an effective date is lis Note: If the date ins	ther than the date of filit ted, the date must be specific ar serted in this block does not be date on the Department of	nd cannot be prior to da meet the applicable	te of filing or more than t	(optional) 0 days after filing.) Pursuant to ements, this date will not be	605.0207 (2 listed as th
	es a delayed effective ofter the record is filed		n effective time, a	: 12:01 a.m. on the ea	ırlier of:
Dated July 1		2024			
1	77.6	2			
	Signature of a	a member or authorized	l representative of a men	nber	-
Miata Ste	inberg				

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Typed or printed name of signee