Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NBI FINANCIAL ACCOUNTING & TAX

Account Number : I20180000059 Phone : (786)253-1890 Fax Number : (305)397-1861

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINDFUL PRESENCE, LLC

Certificate of Status

Certified Copy

Page Count

Estimated Charge

S25.00

OCT 0 6 2021

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Electronic Filing Menu

Corporate Filing Menu

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company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mindful Presence LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{08/28/2}{}$	020 and sign Sd
Florida document number L20000008442	- :	OCT
This amendment is submitted to amend the following:	-5 ARY	
A. If amending name, enter the new name of the limi	AM 10:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation." L.C.E.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	rds, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida's	treet address
	Circ	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	·	- r
Thereby accept the appointment as registered agent of		acity. I further agree to comply wit
provisions of all statutes relative to the proper and co	omplete 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

From, Natalia Izquierdo

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Daniel S Frey	11981 SW 144 Ct	⊒Add
		Suite 104 & 105	≅Remove
		Miami, FI 33186	□ Change
			□Remove
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			①Add
			□Remove
			□ Change

From: Natalia Izquierdo

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ffective date, if other than an effective date is listed, the date of the date inserted in to be date on the date of the dat	te must be specific and ca his block does not me	annot be prior to d set the applicable	e statutory filing r	(optiona than 90 days after fili equirements, this da	ng.) Pursuant to 605.020
record specifies a delayed of	feetive date, but not a	n effective time	, at 12 (I) a.m. on	the earlier of: (b)	The 90th day after the
is filed.		2021	•		
is filed.	Signature of a me		ed representative of	a member	