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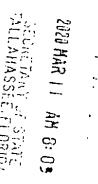
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COVER LETTER

Division of Corp	porations		
SUBJECT:	HEALTHY S	PACE LLC ted Liability Company	
	Name of Entire	tee Elability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	PAUL	A N. FISTE	iN
	HE	PALTHY SPACE Firm/Company	
	5133 WOO	DSTONE CICLE	EAST
	LAKE WORT	H FLORIDA City/State and Zip Code EN OGMAIL Cook o be used for riture annual report notiti	33463
	E-mail address: (0	EN WGMAIL. Co be used for future annual report notifi	om cation)
For further information ed	oncerning this matter, please ca		
PAULA N.	FISTEIN	at (541) 420	-5755
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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 Addres Registration S		Street Address: Registration Sec	tion

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

Registration Section

TO:

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

(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000677</u> .87	were filed on $3/2/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile that the new name must be distinguishable and contain the words "Limited Liabile that the new name must be distinguishable and contain the words "Limited Liabile that the new name must be distinguishable and contain the words "Limited Liabile that the new name of the limited liabile that the new name of the liabile that the new name	ISELING SERVICES LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ACCACT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE HEORIE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter the name of the new registerec</u>
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	ging 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
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		- 1881	□Add
			□Remove
			TANK CANA
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			Change
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effective date is listed, the d	late must be specific	and canno				ys after filing.)		
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ord specifies a delayed e	effective date, but	not an eff	ective time,	at 12:01 a.m	n on the earlie	r of: (b) The	: 90th day	after th
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