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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

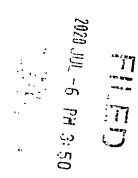
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AUG 1 6 2020

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Healthy Group Home Name of Limited Liability Company	Roject, LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Gold Name of Person	ie
	one Project LLC
1812 Dattodil St.	
Panama City FC City/State and Zip Co	3240S
+ he goldie fan O E-mail address: (to be used for future anno	mail. Com ual report notification)
For further information concerning this matter, please call:	
Name of Person at (850) Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	Certificate of Status &

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

Street Address: 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

The Healthy GR (Name of the Limited Liability (A Florida	our tome Roject LLC 3 TY Company as it now appears of our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L200005777</u>	ompany were filed on $\frac{3/30/20}{\text{and assigned}}$
This amendment is submitted to amend the following:	. 0
A. If amending name, enter the new name of the limit have the limit have the new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ited Liability Company," the designation "L.L.C." 1812 Daffodil St.
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:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin Code

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 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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			Remove
			□ Change
			□ Add
			□Remove
			□Change
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ective date is listed	the date must be spe	ecific and cannot be pri ses not meet the appl	or to date of filing of	or more than 9	0 days after filing.) P	ursuant to 60:
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i specifies a dela	yed effective date,	but not an effective	time, at 12;01 a.	m, on the ca	rlier of: (b) The 9	90th day afte
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