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COVER LETTER

TO: Registration S Division of Co			. 4		
An. Peculiar Po SUBJECT:	cople Holistic LLC	•			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Moline Luscar				
		Name of Person	<u> </u>		
	Peculiar People Holistic L	LC			
	-	Firm/Company			
	PO BOX 6216			20	_: ≲.a
	-	Address	<u> </u>	0 SEP	(2) X
	Fort Lauderdale, FL 33310)		1	97.5 97.5 10.4 10.4 10.4 10.4 10.4 10.4 10.4 10.4
	PeculiarPeopleHolistic@Ou	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	AM II: 03	0.330 7.04.3
		to be used for future annual report noti	fication)	1: 0	17.7 17.1
For further information of	concerning this matter, please c	all:		w	DK.
Moline Luscar		954 933-8453			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & oy	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peculiar People Holistic LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 21, 2020 Florida document number 1.20000108279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida <u>__</u>

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.

City

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>	<u>Address</u>	Type of Action
AMBR	Moline Luscar	PO BOX 6216 Fort Lauderdale, FL 33310	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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_ 			🗀 Add
			Remove
			□Change
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			□Remove
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			□ Change

Greetings, I was trying to	to open a business bank account and was unable to do so because my name
is not listed as an author	rized Person(s). May you please add me (Moline Luscar) as an authorized person and also
add the business Employ	yer Identification Number (EIN) 85-0878408 to my records. Thank you in advancee
	· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than	n the date of filing: May 1st, 2020 (optional)
(If an effective date is listed, the date Note: If the date inserted in the	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
If the record specifies a delayed eff record is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 28th	. 2020