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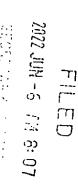
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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B McKNIGHT
AUG 1 5 2022

COVER LETTER

TO:

TO: Registration So Division of Cor					
CHD IDOT		STRATEGIC LLC	•		
SUBJECT:		nited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company	<u> </u>	2022 JUN Secret	•
	17350 STATE HWY 249	STE 220	: : :		_
		Address	· · · · · · · · · · · · · · · · · · ·		Ļ
	HOUSTON, TX 77064				C
	EFILE1234@INCFILE.CO			8: 07	
For further information c	E-mail address: (oncerning this matter, please o	to be used for future annual report noti all:	fication)		
LOVETTE DOBSON		1 888-462-345	53		
Maine e	t Person	Area Code Daytim	e Telephone Number	_	
Enclosed is a check for t	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy in	Status & - /	
Mailing Address Registration 9 Division of C P.O. Box 632	Section Torporations 17	Street Address: Registration Se Division of Cor The Centre of T	porations		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTI	ENT STRATEGIC LLC	
(Name of the Limited Liabilit (*) Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number 1.20000220547	ompany were filed on 07/25/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
WHOLEHEART AGENCY LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	.1.5 20
		22.
Enter new mailing address, if applicable:		## ## ## ## ## ## ## ## ## ## ## ## ##
(Mailing address MAY BE A POST OFFICE BOX)		
		ထု
		07
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	City	Zip 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>	Name	Address	Type of Action
			□Remove
			□Change
	•		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		APA-0-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	□Remove
			□ Change
*			□Add
			□Remove
			Change
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