## L20000241049

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## **COVER LETTER**

Rest Q Esse	entials, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Guilaine Bell		
		Name of Person	· <del></del>
	Rest Counseling and Const	ilting, LLC	
		Firm/Company	
	501 N Magnolia Ave		
		Address	
	Orlando, Fl 32801		
	Bell@restonc.com	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information c	concerning this matter, please ca	all:	
Guilaine Bell		407 4767435	
Nome	of Person	at () Area Code Daytii	ma Talanhona Number
rvaine o	711 (1801)	Area Code Dayth	are receptione returned
Enclosed is a check for the	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>ss:</u>	Street Address:	

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

**Registration Section** 

**Division of Corporations** 

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

R.e.s.t Q Essentials, 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 August 10, 2020 and assigned Florida document number \_\_\_\_\_\_1.20000241049 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RestO'd Mind, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 \_\_

## 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>	Address	Type of Action
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		<del></del>	Remove
			□Change
			□Add
			□Remove
		<del>-</del>	Change
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Note:	ive date, if other than the date of filing:
If the recorecord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	February I 2023
Dated	<u>/                             </u>

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