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CGallen 4/28/22

## **COVER LETTER**

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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

<del></del>		2022 APR -4 AHII: 28
IEA-VA LLC		CCOC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on d Liability Company)	our records)
The Articles of Organization for this Limited Liability Compan	ly were filed on 08	$\frac{7}{24}$ 2020 and assigned
Florida document number <u> </u>	7	
	,	
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited lia	bility company here:	
HOLISTIC TEA-	VA LLC	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
* No Change		
110 and Je		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
* NO Change		
* No Crange.		
B. If amending the registered agent and/or registered office	e address on our reco	rds, 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:		
New Registered Office Address.	Enter Florida	street address
* No Charge		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ı<b>t:</b></u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my s provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
* No Crange _		

If Changing 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

Title	No Crange	Address	Type of Action
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fective date, if other than the	date of filing: (optional) at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	
Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be li-	sted :
wallen sellective date on the De	epartment of State's records.	
record specifies a delayed effective d is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ier th
Pated March 21	in Nonber Vanessa Lauverce Signisture of a member or authorized representative of a member	
and Member Marri	in Namber: Vanossa (acujorco	
is all Member Marri	in Namber Vanessa (accuperce	