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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 : (512)597-0678 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTER FOR HYPNOSIS AND WELLBEING. LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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To:

## 2025-04-12 05:14:40 UTC+14 AKTICLES OF AMENDMENT

18506176383 From: ZenBusiness User

## TO ARTICLES OF ORGANIZATION **OF**

CENTER FOR HYPNOSIS AND WELLBEING.	LLC	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 09/24/2020	and assigned
Florida document number 1.20000301811		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
MY HEART TO YOUR HEART LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	)	2025
Trimipal office dualess noo-miles (trimi), more supply		소설 <b>주</b>
* **		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	- <del> </del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the	STATE .
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a

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 Changing Registered Agent, Signature of New Registered Agent

MGR = A AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		·	□Add
			Remove
			□Change
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\_\_ UChange

New Business Purpose: I	Purpose: Connecting through the heart is a path of self discovery using love as an anchor.
Goal: Promotion of ment	ral, physical, and emotional wellbeing.
<del></del> -	
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L. 10.10 TAXAB ST.10 T 2 7 7 2 2 7	
on effective date is listed, the date ofte: If the date inserted in thi	the date of filing:
record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
4/11 atcd	2025
	/s/ Richard Sag Signature of a member or authorized representative of a member

2025-04-12 05:14:40 UTC+14

To:

• • Page: 4 of 4

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From: ZenBusiness User

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