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2021 JAN 19 PH 3: 46
SECRETAGE OF STATE

2/2/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nourish Body & Soul Welness, L Name of Limited Liability Company	<u>-</u> LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Seidette M. Budyszewick	FILED 2021 JAN 19 PH 3: 46 SECRETATION OF STATE
Nourish Body 3 Soul Wellness, LLC	PR C
12522 SW 211 Terrace	3: 46 STATE E. FI.
Miami, FL 33177 City/State and Zip Code OUT Shoody and soulwellness E-mail address: (to be used for future annual report notification)	– s@gmail.com
For further information concerning this matter, please call:	,
Seidelle M. Budyszewick at (385) 479-5822 Name of Person Area Code Daytime Telephone Num	ber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy is enclosed) Certificate of Status Certified Copy is enclosed.	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
Mailing Address: Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Nourish Body 3 Soul Welness, LLC (Name of the Limited Liability Company as it now appears on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
of Occanization for this Limited Liability Community of Let on Sept. 28, 2000

The Articles of Organization for this Limited Liability Company were filed on SCPT. 28, 3828 and assigned Florida document number <u>L28888384565</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limite	ed liability company here:	
Nourish Body and Soul	Wellness 110	^
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70 21
(Principal office address MUST BE A STREET ADDRE	ESS)	
		9
		SO P
Enter new mailing address, if applicable:		ms w
(Mailing address MAY BE A POST OFFICE BOX)	applicable: applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registered ed office address here: Enter Florida street address Enter Florida street address	
B. If amending the registered agent and/or registered o	office address on our records, <u>e</u>	nter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
_ 	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 Changing	Registered Agent	Signature of New Register	red 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JasanM.Grossman	25 NE 12 Street	JAdd
		Homestead, FL 33038	□Remove
			□Change
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Filing Fee: \$25.00