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A. RAMSEY DEC 20 2022

COVER LETTER

TO:

			•
SUBJECT. The HyGer	nius Health LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
SUBJECT: The HyGenius Health LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Malishia Williams			
Please return all correspo	ndence concerning this matter	to the following:	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Malishia Williams			
	The HyGenius Health LLC		Section Eorporations Tallahassee
		Health LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing, since concerning this matter to the following: Malishia Williams Name of Person The HyGenius Health LLC Firm/Company 5205 Tillery Road Address Lakeland/FL 33812 City/State and Zip Code smite@thehygeniushealth.com B-mail address: (to be used for future annual report notification) erning this matter, please call: at (813) 415-9483 Toyline Telephone Number billowing amount: \$\text{\$\text{33.0.00 Filing Fee} \text{\$\text{Certified Copy} \ radditional copy is enclosed)}} \$\text{\$\text{Certified Opy} \ radditional copy is enclosed)} \$\text{\$\text{Street Address:} \ Registration Section} \ Division of Corporations} \ The Centre of Tallahassee	
	5205 Tillery Road		
		Malishia Williams Name of Limited Liability Company Independent and fee(s) are submitted for filling. Ince concerning this matter to the following: Malishia Williams Name of Person The HyGenius Health LLC Firm/Company S205 Tillery Road Address Lakeland/FL 33812 City/State and Zip Code mile@thehygeniushealth.com E-mail address: (to be used for future annual report notification) straing this matter, please call: at (813) 415-9483 Area Code Daytine Telephone Number Hlowing amount: S30.00 Filling Fee & S55.00 Filling Fee & S60.00 Filling Fee, Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	Lakeland/FL 33812		
		City/State and Zip Code	
			itication)
For further information c			
Malishia Williams		at (813) 415-9483	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	orporations	Division of Cor	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP 29 PM 12 31

The HyGenius Health LLC	·	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on December 9, 2020	and assigned
lorida document number 1.20000385048		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
Floss Fairy LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
• •		
Mailing address MAY BE A POST OFFICE BOX)	 -	
3. If amending the registered agent and/or registered o	office address on our records, enter the na	me of the new registe
gent and/or the new registered office address here:	,	
Name of New Registered Agent:		
New Registered Office Address:		
inew Registered Office Address.	Enter Florida street address	
	. Florida	
	, Florida _	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
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			Add
			□Remove
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			☐ Change
			□Add
			□Remove
			□Change

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