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To:	Division of Corporations Fax Number : (850)617-6383		JAN - 8	
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, IN Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	SSEE, FL	AM 9:30	

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

Email Address:\_\_\_



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLISTIC HEALTH DIMENSIONS, 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 <u>12/16/2020</u> and assigned Florida document number L20000389155

\_\_\_\_\_

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:			
New Registered Office Address:	Enter Florie	a street address	<u> </u>
	Line) Fibra		
	Ciŋ	, FloriduZip 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 cm 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

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
MGR :	JORGE MILLAN	7600 N W 69TH AVENUE; MIAMI, FL 33166	Add
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