Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

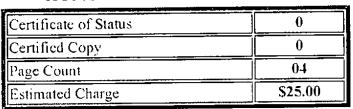
From:

Account Name : PARASEC Account Number : 120180000086 Phone : (916)576-7000 : (800)603-5868 Fax Number

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

Fmail /	Address:	RIOPS@PARASEC.COM	

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Help



To: 18506176383 From: 19165767036 Date: 06/14/21 Time: 1:43 PM Page: 04/06

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Но	me Health Holistic LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on o da Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability	Company were filed on 05/10/202	1 and assigned	
Florida document number 21000218013	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	- 	. <u></u> ,	
(Principal office address MUST BE A STREET ADD	RESS)		
Pater and a sittle and days if and the block			
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
New Registered Agent's Signature, if changing Registers		Zip Code	
			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and of accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my di egent as provided for in Chapte ed office address, I hereby com	ities, and I am familiar with and er 605, F.S. Or, if this document is	
	If Changing Registered Agent, Si	gnature of New Registered Agent	

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MGR = 3	lansger		
	Authorized Member		
<u> Title</u>	Name	Address	Type of Action
MGR	William Montgomery	240 NW 251h St, Apt 629	■ Add
			Remove
		Miami, FL 33127	☐ Change
			☐ Remove
		· ·	☐ Change
			Add
			□ Remove
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			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
1 7.21/Aum 7th 2001
Dated 6.7.2/gune + 2021
Signature of a member or authorized representative of a member
Shannon Plunkett Typed or printed name of signee

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