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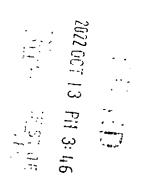
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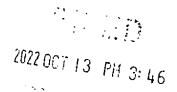
COVER LETTER

TO: Registration Section

Division of Corporations				
	Health, LLC			
SUBJECT:	Name of Lin	uted Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brynn C. Schwartz			
		Name of Person		
		Firm Company		
	3661 St. Johns Ave. Apt 4			
		Address		
	Jacksonville, Florida 3220	5		
		City/State and Zip Code		
	brynneamilla96@gmail.cor E-mail address: (n to be used for future annual report no	infication)	
For further information c	oncerning this matter, please c			
Brynn C. Schwartz		904 914-1730 at () Area Code Daytir		
Name o	d Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	oution	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Live From Health 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 $\frac{4/20/2022}{1}$ and assigned Florida document number _____L21000260999 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Brynn Camilla Pottery, LLC 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
		□Add	
			□Remove
			Change
		CAdd	
			□Remove
			CChange
			□Add
		□Remove	
			□(Thange
			□Add
			□Remove

Effective date, if other than the date of filing:	i amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
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Signature of a member or authorized representative of a member. this date will not be listed as occurrent's effective date in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. The 90th day after the distribution of a member of a member of a member of a member.		
ated 10.10.27 Signature of a member or authorized representative of a member	<u>iote:</u> It	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member		
	ated _	10.10.22
Brynn C, Schwartz		Signature of a member or authorized representative of a member
		Brynn C. Schwartz

Filing Fee: \$25.00