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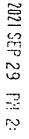
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COVER LETTER

TO:

| TO: Registration Section Division of Corporations | | | | |
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| SURJECT. Enigma | Delta Wit | holeistics | | |
| 50bsect | Name of Limited | Liability Company | · · · · · · · · · · · · · · · · · · · | |
| | | 10 00 | | |
| The enclosed Articles of Amendmer | it and fee(s) are submit | ted for filing. | | |
| Please return all correspondence cor | ocerning this matter to t | the following: | | |
| | Mich | rel Gurrie | eri | |
| | | | | |
| | Enigma Deti | a Wholeistic | ·5 | |
| | | Firm/Company | | |
| 55 | 89 Murfield V | ille Circle | | |
| | | Address | | |
| | Lake Wall | A, F/ 3 | 3463 | |
| | (| City/State and Zip Code | | |
| | Engagna Mi | keyp gmail | report notification) | |
| For further information concerning t | | | -, | |
| | | | _ | |
| Michael Gurrie | <u>'</u> (1) | at (631) | 578-389 <i>8</i> | 1 |
| RIECT: Engma Delta Whole 1stics Name of Limited Liability Company renclosed Articles of Amendment and fee(s) are submitted for filing. It is return all correspondence concerning this matter to the following: Michael Gurrieri Name of Person Engma Deta Whole 1stics Firm Company 5589 Murchele Villag Circle Address Lake Wath, Fl 33463 City/State and Zip Code Engma Mikeya gmail (A) E-mail address: (to be used for forme annual report notification) further information concerning this matter, please call: Michael Gurrieri Name of Person at (531) Area Code Daytime Telephone Number | | | | |
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| Enclosed is a check for the following | g amount: | | | |
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| | | Tallahas | ssee, FL 32303 | } |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number 42/000333678 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Engma Holistics LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre 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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| ective date, if other than the date of filing: | | |
| te: If the date inserted in this block does not meet the applicable statu- cument's effective date on the Department of State's records. | itory filing requirements, this date w | zill not be listed |
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| ecord specifies a delayed effective date, but not an effective time, at 12 is filed. | 2:01 a.m. on the earlier of: (b) The | 90th day after th |
| ed 9/17/2021 | | |
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Filing Fee: \$25.00