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Division of Corporations

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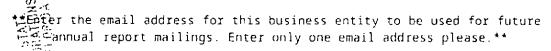
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

: (813)436-5206

Fax Number



Émail Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLISSFUL HEALTH LLC

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K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4-28 (C) -2 7/1/2/12

Blissful 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 10/14/2021 and assigned Florida document number ______ 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) 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.

2023 06.59.20 PDT ₍	, To 18506176383	Page, 3/4	From: Registered Agents Inc	Fax: 813436520
If amending / or removed fr	Authorized Person(s) authorized to om our records:	manage, <u>enter the title, r</u>	name, and address of each person	being added
	nager horized Member		.23 (CT - 2)	
Title	Name	<u>Address</u>	REGRESS OF THE STATE OF THE STA	of Action
AMBR	Barber, Tina	7901 4th St N STE 30		

		7001 415 010 075 000	
AMBR	Barber, Tina	7901 4th St N STE 300	□Add
		St. Petersburg, FL 33702	K iRemove
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AMBR	Mobley, Tina	7901 4th St N STE 300	XIAdd
		St. Petershurg, Ft. 33702	□Remove
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1 1 60 6	Signature of a member or authorized	ora.	