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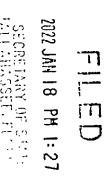
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE JAN 26 2022		

Office Use Only



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01/18/22--01019--002 **25.00



COVER LETTER

	Dine	ic Passing	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	<u> </u>	Dale Ivebb	
		Name of Person	
		Organic Pros. i	1.1.0
		Firm/Company	
	3525	I Federal Huy	nit K
		,	
Boynton Beach, FL 33435 City/State and Zip Code mrorganic fitness and wellbeing a grant Com			
	parorganica Estail address:	to be used for future annual report noted	GCO GINCUIT (Com
For further information			
Du	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Dale Ivebb		
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

regaric Pros LLC 2022 JAN 18 PM 1: 21 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE TALL AHASSEE, FLUKT The Articles of Organization for this Limited Liability Company were filed on $\frac{11/16/2}{2}$ and assigned Florida document number 87-358/501 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 "L.L.C." 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 ____. Florida ____

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.

City

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 = Ma $AMBR = Au$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Dak lvebb	3525 SFederal	Hay unit Kand
		Buynton, Bela	4 A33435 □Remove
Vite: Pi Fitle	leale Change Corner+ "CEO" to MGR		Change
 			□Add
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Liff and in	es date if other than the date of films.
Note:	ce date, if other than the date of filing:
cord is file	
Dated _	12/29/21 Signature of a member or authorized representative of a member
	TRuelle
	Signature of a member or authorized representative of a member
	Dale Webb
	Typed or printed name of signee