## 21000477420

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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FILED 2022 APR 11 AM 6: 33 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS
MAY 0.2 2022

## **COVER LETTER**

TO: Registration Se Division of Con			
	MAC LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Alvey Thompson Jr		
		Name of Person	
	Holistic Mac LLC		
		Firm/Company	
	1800 N Bayshore Dr. Ur	nit 2307	
	<del> </del>	Address	
	Miami, FL 33132		
		City/State and Zip Code	
	alvey.thompson@gmail.c		
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Alvey thompson Jr		954 326-1492	
Name o	of Person		me Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addres</u> Registration		Street Address:	action
Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

FILED

## ARTICLES OF ORGANIZATION OF 2

2022 APR 11 AM 6: 33

HOLISTIC MAC LLC

SECRETARY OF STATE

(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	y were filed on 11/04/2021	and assigned
Florida document number L21000477420		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		<del></del>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter the na	me 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	
	Winda.	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. O	familiar with and r, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	Alejandra Hernandez	1800 N Bayshore Dr. Unit 2307, Miami, FL 33132	2 ■Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			□Remove
			_ Change
			_ □Add
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	Alvey Thompson Jr		

Filing Fee: \$25.00