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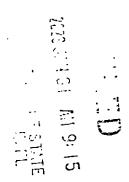
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R. HUNT 01/3/25

COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	B Health & h	Jellness, LLC			
3(d)1.C1.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:		ڊ ،	
	La	ven Bunch Name of Person	- 		• # F •
		Firm/Company	: . 3 	AH 9: 15	
	4315	Stephens Road Address			
		Address			
	P	ULE, FL 32571 City/State and Zip Code			
	10,10,00	City/State and Zip Code			
	E-mail address: (Id DISS - COM to be used for future annual report notif	fication)		
For further information of	concerning this matter, please ca	all:			
Laven	Burch	at (915) 2010-C	1800		
Name o	of Person		e 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 For Certificate of S Certified Copy (additional copy is	tatus &	
Mailing Addre Registration Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor			
P.O. Box 631	27	The Centre of T	allahassee		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LD B Health & &	WilnessLLC	
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	, 5 ,3
The Articles of Organization for this Limited Liability C	Company were filed on 12 20 21	and assigned
Florida document number <u>L21006335lok</u>		
		
This amendment is submitted to amend the following:		1 · 1
A. If amending name, enter the new name of the lim	ited liability company here	
LD Bliss, LCC		· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Lin	nited Liability Company, the designation "LLC" or th	ie abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
••		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the n	ame 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	
 -	Cuy:	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

	• '	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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ffective date, i	f other than t	he date of filin	ıg:			(opt i o	nal)		
an effective date is ote: If the date	s listed, the date n inserted in this	nust be specific an block does not	nd cannot be pri- meet the appl	or to date of filing icable statutory	g or more than 9 ' filing require	0 days after I ments, this	filing.) Purs date will	not be li:	05.020 sted a
		Department of			υ,				
record specifies is filed.	a delayed effec	tive date, but no	st an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90t	h day afi	ter th
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		Signature of a	member or aut	horized renneser	tative of a mem	her			
Pated Ja		Signature of a	i member or aut	horized represer		ber			