## 622000037174

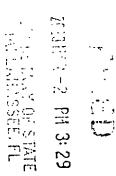
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03/03/23--01013--011 \*\*60.00



R. HUNT 03/02/23

## **COVER LETTER**

TO: Registration Section of Corp			
SUBJECT: The	E Healthy Temple Name of Inmit	ted Liability Company	
	mendment and fee(s) are subr		
Please return all correspon	dence concerning this matter t	to the following:	
	Rayme	Bachman Name of Person	
	The Hea	11thy Temple UC	· 1071813
	6220 Bar	rton Rd Address	SA P
	Plant (		3: 29 3: 7ATE 5: FL
	E-mail address: (t	0793 @ amal Con	ication)
For further information co	oncerning this matter, please ca	all:	
Rayme of	Bachman Person	at ( <u>8\3</u> ) <u>777 -</u> Area Code Daytime	1594 Telephone Number
Enclosed is a check for the	e 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

The Healthy Let  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our res ability Company)	ords.)
The Articles of Organization for this Limited Liability Company vi Florida document number 12200037174	vere filed on <u>Jonuary</u>	OU, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Rayne Bachman LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words "Liability Contains the w		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		20 12
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	SEE FAIE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street a	ldress
		. Florida
	City	Zıp 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.

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