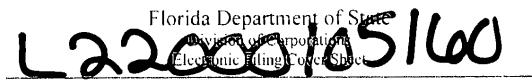
5/26/22, 9:34 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | | |
|-------|----------|--|--|--|--|
| | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERBAL HEALING ESSENCE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| | istration Se ision of Corp | | | | | |
|----------------|-------------------------------|---|---|---|--|--|
| SUBJECT: | HERBAL F | HEALING ESSENCE LLC | | | | |
| Job/ECT. | | Name of Lim | ited Liability Company | | | |
| | | Amendment and fee(s) are sub- | | | | |
| | | Cheyenne Moseley | | | | |
| | | | Name of Person | | | |
| | | Legalzoom.com, Inc. | | | | |
| | | | Firm/Company | | | |
| | | 101 N Brand Blvd 11th Fl | | | | |
| | | | Address | | | |
| | | Glendale, CA 91203 | | | | |
| | | City/State and Zip Code Rjudriste0259@Gmail.com | | | | |
| | | É-mail address. (| to be used for future annual report not | lication) | | |
| For further in | nformation c | oncerning this matter, please ca | all: | | | |
| Cheyenne M | loseley | | 800 773-0888 at () | | | |
| · | Name o | f Person | | ie Telephone Number | | |
| Enclosed is a | a check for th | ne following amount: | | | | |
| □ \$25,00 F | filing Fce | □ \$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) | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HERBAL HEALING ESSENCE LLC | | • | | |
|--|---|-----------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on 03/01/2022 | and assigned | | |
| Florida document number L22000105160 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the | abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 760 E Ocean Ave., Apt 401 N | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Boynton Beach, FL 33435 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 760 E Ocean Ave., Apt 401 N Boynton Beach, FL 33435 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | | r the name of the new | | |
| | | 2 7 | | |
| New Registered Office Address: | Enter Florida street address Florida | 6 PH 1 | | |
| | City | :Zip Cojle | | |
| | | | | |

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 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

Page: 5 of 6

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | |
|--------------|------------------|--|----------------|--|--|
| AMBR | RELUCA J UDRISTE | | | | |
| | | 1508 SW 5TH CT FORT LAUDERDALE, FL 33312 | | | |
| | | | ☐ Change | | |
| AMBR | Raluca J Udriste | 760 E Ocean Ave., Apt 401 N Boynton Beach, FL 33435 | | | |
| | | | □ Remove | | |
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| From: | Janae | Pett |
|-------|-------|------|
| | | |

LegalZoom.com, Inc.

| | g any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective Note: If the | te, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. |
| | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed. |
| Dated | 104 16, 2022 Rauch |
| | Raull |
| _ | Signature of a member or authorized representative of a member |
| F | taluca J Udriste |
| - | Typed or printed name of signee |

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Filing Fee: \$25.00