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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Heal	Mealing Musiq LC Name of Limited Lobility Company Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Victor Dziuba Name of Person Healing Musiq LLC Henzi Nage Coral Pkwy W. Address Cape Coral Pkwy W. Cape Coral Pkwy W. Address Cape Coral Pkwy W. E-mail address: (to be used on future annual poor nogification) meering this matter, please call: Dziuba at 1856; Dziuba Dziuba	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conc	eming this matter to the following:	
	Victor Dziuba	
	Healing Musiq LLC	
_2.	,	
	CAPE Coral Florida 33914 City/State and Zip Code healing Musiq agmail com E-mail address: (10 be used in finure annual poort notification)	
For further information concerning th		
Name of Person	Ziuba ai 856) 305-0242 Area Code Daytime Telephone Number	
Enclosed is a check for the following	anount:	
	icate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy	ı
Mailing Address:	Street Address:	

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

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

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Name of the United Liability Company of a now appears on our records. TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on MARCH 16 2022 and assigned Florida document number L 22000 (320 9 8) 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new 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 affects here: Name of New Registered Agent: New Registered Office Address: Enter Florida Enter Toronto Street Address: Enter Florida Enter the name of the new registered office address here:	Healing	Musia	1-10			
The Articles of Organization for this Limited Liability Company were filed on MARC 16 2022 and assigned Florida document number 1. 2.2.000 (3.2.0.9.8) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC". 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 Enter Florida Street address Florida Zip Code	Name of the Limited Liabi	lity Company as i	I now appears on	our records.)	ALLAHAS	
Florida document number 22000(3209 S					,	—
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	I hereby accept the approintment as registered around	and amora to a	ent in this account	miere I Garatana		

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

Title	<u>Name</u>	Address	Type of Action
MGR)	Victor Dziuba	2219 Cape Coral Play	<u>V</u> . □Add
		Cape Coral Florida	©Remove
		33914	
MGR	Alexandra Dziuba	2219 Cape Coral PKwy L	<u>V</u> . □Add
		Cape Coral, Florida	
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