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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	BML	fe, PLLC			
	Name of Lin	nited Liability Company	12		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Bru	Name of Person Life, PLLC Firm/Company			
	BMI	life, PLLC		2024	
		Firm/Company		2024 JUN -4 AM 8: 28	Ē
	3551 Merga	ver way 5			12 CH
	· ·	Address	 ബ സ		W I W II Mass ⁴
	Jackenville,	FL / 3ZZZ3 City/State and Zip Code		3: 28	
	Main RMILE	City/State and Zip Code		.,	
	E-mail address: (e G gmail.com to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all:			
Bryant Name o	Mauri f Person	at (<u>786</u>) <u>380</u> Area Code Dayti	7508 ime Telephone Number	_	
Enclosed is a check for the	ne following amount:				
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Copy (additional copy i	Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMlie		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appea ed Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000138400</u> .	ny were filed on _	03/21/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company h	nere:
Healthy Mealz L		s 2 6
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SSC THE
Enter new mailing address, if applicable:		ESTATE STATE
(Mailing address MAY BE A POST OFFICE BOX)		
00.01,100.00.00		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our i	records, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Flo	rida street address
		, Florida
	Ciņ	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 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
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		-	□Remove
			□ Change
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an effective date	e is listed, the date	: must be specific at is block does not	nd cannot be pr meet the app	or to date of film licable statutor;	filing requireme	nts, this date will n	ot be listed
locument's eff	ective date on the	he Department of	State's recor	ds.			
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