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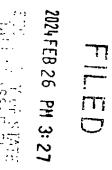
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Postal LIC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Estebon Trujillo	
Name of Person	
Poctal LLC	
Firm/Company	
2170 NE 51 St court , A4	
Address	
Fort Lauderdale, Florido, 33308	
este ban trujilla mancalve@ qmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Estabor Tryjillo at 786 826 7621 Name of Person Area Code Daytime Telephone Number	٠,
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate	

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

Postall LLC							
(Name of the Limited)	Liability Compan Florida Limited Li	y as it now appears on ou ability Company)	r records.)				
The Articles of Organization for this Limited Liabi Florida document number <u>L22000 175512</u>	·	vere filed onOA	112/2022	and assigned			
This amendment is submitted to amend the following							
A. If amending name, enter the new name of th							
Mindful Choices LLC The new name must be distinguishable and contain the word	• "Limited Liabili	ty Company " the designati	on "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2170 NE 51 st Court, A4 foot Lauderdale, Florido, 33208					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	fort Lauderdale, Florida, 33308						
B. If amending the registered agent and/or registered office address h	<u>iere</u> :		i, <u>enter the nam</u>	e of the new registered			
Name of New Registered Agent:	Michel!	le Corred	<u></u>				
New Registered Office Address:	2170 NE 51 St Court, A4 Enter Florida street address						
		auderdale		33308 Zip Code			
New Registered Agent's Signature, if changing Reg	istered Agent:						
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete, red agent as p gistered office ange.	performance of my di rovided for in Chapte	ities, and I am f er 605, F.S. Or, ifirm that the lin	if this document is mited liability			

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michelle Correa	2170 NE 51 St Court, A4	Ø Add
		fort Lauderdale, Florida	©Remove
		33308	Change
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			Change
			
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Note: If the	ne date insc	erted in this	s block doe e Departme	s not mee	t the appl	icable sta	tutory fil	ing requi	rements, t	his date w	ill not be li	sted as the
		layed effec	ctive date, b	out not an	effective	time, at 1	12:01 a.n	n. on the e	earlier of:	(b) The	90th day af	ter the
record sp d is filed.												
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Filing Fee: \$25.00