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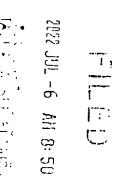
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TO:

| | Registration Se Division of Cor | | | |
|-----------------|------------------------------------|--|--|---|
| SUBJEC | | Care and Wellness LLC | | |
| SUBJEC | .1: | Name of Lim | ited Liability Company | _ |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please rei | turn all correspo | ondence concerning this matter | to the following: | |
| | | Jenny Countz | | |
| | | | Name of Person | _ |
| | | ZenBusiness Inc. | | |
| | | _ | Firm/Company | _ |
| | | 336 E College Ave, Ste 30 | OI. | 2022 |
| | | | Address | _ • • • |
| | | Tallahassee, FL 32301 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notification) | |
| For furthe | er information c | oncerning this matter, please c | all: | |
| Jenny Co | ountz | | 844 493-6249 at () | |
| | Name o | f Person | Area Code Daytime Telephone Nun | hber |
| Enclosed | is a check for the | ne following amount: | | |
| ■ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certif (additional copy is enclosed) Certif | Difiling Fee, ficate of Status & fied Copy fonal copy is enclosed) |
| | Mailing Addres Registration S | | Street Address: Registration Section | |
| | Division of C | | Division of Corporations | |
| | P.O. Box 632 Tallahassee, l | | The Centre of Tallahassee 2415 N. Monroe Street, Suite | e 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lymphatic Care and Wellness LLC | | | | |
|---|---|--------------------------------|--|--|
| (<u>Name of the Limited Liability Comp.</u> (A Florida Limited | any as it now appears on our record Liability Company) | <u>(s.</u>) | | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000190916}{1.22000190916}$. | wwere filed on 04/21/2022 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| Lymphatic Care And Wellness LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company." the designation "LLC | " or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 5208 SW 91st Drive, | 32 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite B | . 4 | | |
| | Gainesville, FL 32608 | | | |
| Enter new mailing address, if applicable: | 5208 SW 91st Drive, | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite B | | | |
| | Gainesville, FL 32608 | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | , FI | lorida Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent | | ing wine | | |
| | _ | | | |
| I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as | e performance of my duties, a | nd I am familiar with and | | |

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 Changing Registered Agent, Signature of New Registered Agent

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 | Shanie Dasrath | 5208 SW 91st Dr | □Add |
| | | Suite B | □Remove |
| | | Gainesville, FL 32608 | ≡ Change |
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| ument's effective date on the Depar | tment of State's record | ls. | | • | | |
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| ed | 2022 | · | | | | |
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| /s/ Shanie Dasrath | nature of a member or aut | | | | | |