# LEACO SUSILE

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:                | Registration Section<br>Division of Corporation  | 28                            |   |  |
|--------------------|--|-------------------------------|---|--|
| SUBJI              | ect: Ash   | Wellve S<br>Name of Lin       | SS and Care   | LLC  |
| The end            | closed Articles of Amendm  | ent and fee(s) are sui        | bmitted for filing.   |  |
| Please r           | eturn all correspondence co  | oncerning this matter         | to the following:   |  |
|                    |  | Anna                          | - Harbert<br>Name of Person   | · b  |
|                    |  | DAY.                          | Firm/Company  | gistered Agents Inc  |
|                    |  | 7901 4tn                      | St. STE 300<br>Address  | <del></del>  |
|                    |  | St. Pe                        | ters burg FL<br>City/State and Zip Code   | 33702  |
|                    |  | E-mail address: (to           | ct @ magnetic be used for future annual report n  | healings net   |
| For furthe         | r information concerning t   | nis matter, please cal        | l:  | 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |
|                    | Name of Person   | bert                          | at (929) 715<br>Area Code Dayt  | ime Telephone Number 7 07  |
|                    | s a check for the following  | amount:                       |   |  |
| <b>j≊-\$</b> 25.00 | Filing Fee   | Filing Fee & ficate 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) |
| Re<br>Di<br>P.(    | ailing Address: egistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 |                               | Street Address:<br>Registration Se<br>Division of Co<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | rporations<br>Fallahassee<br>e Street, Suite 810   |

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ash Wellness and (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/11/2022 and assigned Florida document number 12200308162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Magnetic Empowerment LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) δ 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

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> | Name        | Address     | Type of Action         |
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| tive date, if other than the date of filing:   | (optional)                                 | reught to 60   |
| effective date is listed, the date must be specific and cannot be prior to date to the date inserted in this block does not meet the applicable state. | atutory filing requirements, this date wil | l not be lis   |
| ument's effective date on the Department of State's records.   |  |                |
| ecord specifies a delayed effective date, but not an e   | effective time, at 12:01 a.m. on           | the earl       |
| ne 90th day after the record is filed.   |  |                |
| d_ Jaly 11,2024  |  |                |
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