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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

	istration Sec ision of Corp					
SUBJECT:	Embracing I	Life's Journey LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Claudine Richard				
			Name of Person			
		Embracing Life's Journey				
			Firm/Company			
		18101 SW 149 Court				
			Address			
		Miami, Florida 33187				
			City/State and Zip Code			
		Claudinerm@embracinglife	sjourney.org to be used for future annual report notifica			
For further in	nformation co	oncerning this matter, please ca		tion)		
Claudine Rie	chard		786 223-5087		2923 2023	
	Name of	Person		elephone Number	2023 DEC 22	
Enclosed is a	a check for the	e following amount:			SS 7	in it
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified Co (additional co	of Spadient N	<b>O</b>

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

Embracing Life's Journey LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 07/15/2022	and assigned
Florida document number L22000315956	-·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		25 🗨
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:		
		IT'S N
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia
	Cirv	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 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>	<u>Address</u>	Type of Action
AMBR	Felix McEwan	1601- N Main Street #3159	□Add
		Jacksonville, Florida 32206	■Remove
			□Add
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			[]Change
		<del></del>	□Add
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ecord specifies a delayed effectis filed.	suve date, but not an o	effective time, at	12:01 a.m. on the earth	er or: (b) The 90th di	ay after the
December 18, 2023	, 2	023			
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Filing Fee: \$25.00