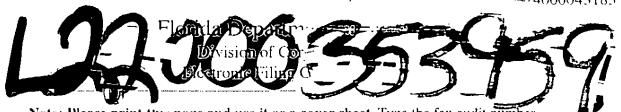
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (844)449-3624

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please *

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVINGOOD HEALTH LLC



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T. LEMIEUX

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H24000043183 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240000431833

LivinGood Health LLC		,
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>"ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000353959	were filed on <u>08/11/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11641 Old Florida Lane	
(Principal office address MUST BE A STREET ADDRESS)	Parrish, F1, 34219	
Enter new mailing address, if applicable:	11641 Old Florida Lane	2024 FEB
Mailing address MAY BE A POST OFFICE BOX)	Parrish, FL 34219	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the naine of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	125.5
	F	lorida
	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 Changing Registered Agent, Signature of New Registered Agent

01/24, 06:19AM 5125970678 18506176383 Pg 3/4 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
			(T)Add
			□Remove
			□Change
-			🗆 Add
			□Remove
			□Change
			□Add
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ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable	te of filing or more than 90 da statutory filing requiremen	(optional) ys after filing) Pursuant to 605,020 its, this date will not be listed as
cord specifies a delayed effective s filed.	date, but not an effective time,	at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
January 31st	. 2024		
/s/ Catlyn Leavengood			
/s/ Catlyn Leavengood] Signature of a member or authorized	I representative of a member	

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Filing Fee: \$25.00