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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

PALMETTO COUNSELING LLC

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Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Palmetto Counseling LLC | | • |
|--|---|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.22000434431 | were filed on 10/07/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Rich Therapeutics LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BON) | | |
| | ************************************** | |
| | | |
| B. If amending the registered agent and/or registered office a igent and/or the new registered office address here: | iddress on our records, <u>enter the na</u> | nne of the new register |
| | | <u></u> |
| Name of New Registered Agent: | | bus. |
| • | | |
| New Registered Office Address: | Enter Florida street address | |
| | | 2 * |
| | Florida _ | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | 2- |
| | | |
| I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my duties, and I an provided for in Chapter 605, F.S. C | n familiar with and or, if this document is |

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> | Name | Address | Type of Action |
|---|---------------|-------------|----------------|
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| fective date, if other than the da | specific and cannot be prior to | date of filing or more th | (optional) an 90 days after filing.) Pui | rsuant to 605.02 |
| ote: If the date inserted in this block cument's effective date on the Depa | does not meet the applicate the applicate the total state is records. | ble statutory filing requ | uirements, this date will | not be listed a |
| | ate, but not an effective tim | ne, at 12:01 a.m. on the | e earlier of: (b) The 90 | oth day after th |
| | | | | |
| is filed. | 2024 | _ • | | |
| /s/ Bailey Catherine Ric | ,, | _ · | | |

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