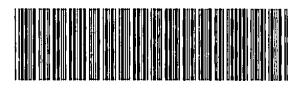
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 1011d	Sage H	tealin's lited Liability Contrary	LC	
		, ψ.		
The enclosed Articles of Amenda	ment and fee(s) are sub	mitted for filing.		
Please return all correspondence	concerning this matter	to the following:		
<u>B</u>	ritaney F	Name of Person		<u>. </u>
	 	Firm/Company		
1	4342 Boi	inding Ho	me St.	
<u></u>	or: H1986feb	enter [L City/State and Zip Code Code of Code	3357.	2022 NOV 28 141 9: 02 SECRETATION SECRETAT
For further information concerning	ng this matter, please ca	all:		
Britaney Park	5	at (6/5) Area Code	568-891 Daytime Telepho	one Number En
Enclosed is a check for the follow	ving amount:			
	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Regist Divisi The C	Address: tration Section on of Corporation entre of Tallahas N. Monroe Stree	ssee

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Wild Sage Healing (Name of the Limited Liability Com (A Florida Limite	م <i>دا</i> د		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compartillerida document number <u>L22009478883</u> .	ny were filed on 11-08-22	and assi _l	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14342 Bounding Hon		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2027 SEDI	
		11 / 28 11 / 28	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>		re ::a :-e
Name of New Registered Agent:		02 	
New Registered Office Address:	Enter Florida street address		
	, Florida _	Zin Carle	
	Cub	my cour	

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 wi 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 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.

or removed	from our records:		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of
<u>AMBR</u>	Britaney Parks	14342 Bounding Home 5+ Sun City Center FL 33573	thad
		Sun City Center FL 33573	□Remo
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from affective date is finited the date many be a	e of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pure does not meet the applicable statutory filing requirements, this date will	suant to 60 not be lis
Note: If the date inserted in this block d	iment of State's records.	
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Note: If the date inserted in this block d document's effective date on the Departure record specifies a delayed effective date rd is filed. Dated $11-14-22$	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day aft