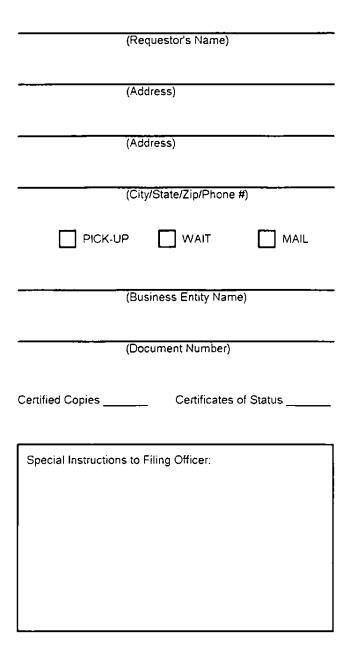
# L22000 498 679



Office Use Only



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2024 APR -1 PH 4: 10

## **COVER LETTER**

TO: Registration Section Division of Corporations	· · ·
SUBJECT: DING HOLISTICS LLC  Name of Limited Liability Company	<i>;</i>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RAQUISHA BING Name of Person	<del></del>
BING HOLISTICS LLC Firm/Company	<del></del>
7531 ALLSPICE CIRC	LE SOUTH
JACKSON VILLE, FL, 30 City/State and Zip Code	PPE
E-mail address: (to be used for future annual report notifica	COMAIL COM
For further information concerning this matter, please call:	
RAQUISHA BING at Area Code Daytime T	7445 Celephone Number
Enclosed is a check for the following amount:  \$\sum_{\$25.00}\$ \text{Filing Fee} \sum_{\$30.00}\$ \text{Filing Fee & Certificate of Status} \sum_{\$\text{Certified Copy}}\$	S60.00 Filing Fee, Certificate of Status &
(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

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

(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 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	and assigned
Florida document number <u>L220004986</u>	79	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MTNDFUL SOUL COUNT. The new name must be distinguishable and contain the words "Limited Liabi	lity Company" the designation "LIC"	or the abbreviation "L.L.C."
		PICE CIRCLE SOUT
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	399AA Jucksonner	
	750	
Enter new mailing address, if applicable:		ICE CIRCLE SOM
(Mailing address MAY BE A POST OFFICE BOX)	JACKSCYNIL	E,FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
		21
Name of New Registered Agent:		)2
New Registered Office Address:		ÀPR .
	Enter Florida street address	<u>t</u> .
	Flo	rida · 💬
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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

n amending Authorized rerson(s) authorized to manage, enter the due, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Add
			⊔Kemove
			□Change
	<u></u>		
		Remove	
			□ Change
			□Remove
			□Change
			□Add
			☐Remove
			Channa

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Note: I	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	312512004 . 11:50 AM
	Raquisha Birry Signature of a member or authorized representative of a member
	PAQUISHA BING Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00