## L22000510368

(Request	or's Name)	
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то:	Registration Se Division of Cor		4		
SUBJE	MI	NDULL BUSINESS LLC			
SUBJE	C1	Name of Lim	ited Liability Company		· <u></u>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		JOSE S M	ONTT		
			Name of Person		
		MINDULL I	BUSINESS LLC		
			Firm/Company		
		8950 SW 7	74TH COURT, SUITE	1414	
			Address	<del></del>	<del></del>
		MIAMI, F	L, 33156		
			City/State and Zip Code	<del></del>	
			oupusa@gmail.com	rapart natitivation)	
For furtl	ner information co	oncerning this matter, please ca		report nouncation)	
	MARIA MONDA		at ( <u>305</u> )	798-2331	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed	d is a check for th	e following amount:			
□ <b>\$</b> 25	.00 Filing Fee	⊠ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		<u>Street A</u> Registr	ddress: ation Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINDOCK BOSINESS FFC				
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appe ed Liability Company	ars on our records.	)	
The Articles of Organization for this Limited Liability Compa	ny were filed on _	December 05,	2022	_ and assigned
Florida document numberL22000510368				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company l	here:		
MINDFULL BUSINESS LLC				
he new name must be distinguishable and contain the words "Limited Lie	bility Company," the	designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	****			
			(:	1023 1023
				E T
Enter new mailing address, if applicable:				3 大 一
Mailing address MAY BE A POST OFFICE BOX)			SS.	
			کریا -بند:	· — —
			77.5	<u> </u>
3. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our	records, <u>enter th</u>	ne name o	ri O of the new registe
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Fle	orida street address		
		, Flor	ida	
	City		· · · - <u> · · · · · · · · · · · </u>	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.

DocuSign Envelope ID: 1F42A45D-59F8-46BC-A69F-05883D7D160E 11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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<u>vote:</u> 11 u	date, if other than the date to date is listed, the date must be the date inserted in this block is effective date on the Depar	does not meet the applica	to date of filing or more able statutory filing re	(optional) than 90 days after filing quirements, this date	.) Pursuant to 605.0207 will not be listed as
record spe l is filed.	ecifies a delayed effective da	ite, but not an effective th	me, at 12:01 a.m. on t	he earlier of: (b) Tl	ne 90th day after the
	DECEMBER 27	2022			
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ated	(	DocuSigned by:			
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Pated	Sign	national factorists or authorists	rized representative of a	member	

Filing Fee: \$25.00