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(Business Entity Name)

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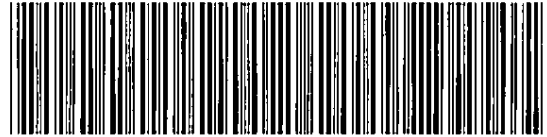
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12/18/23--01026--025 **25.00

FILED
23 DEC 18 PM 3:28
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meditate and Medicate PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

There is no request for expedited processing of this filing.

Nicole King

Name of Person

meditate and Medicate

Firm/Company

811 SW 18th Street

Address

Fort Lauderdale, FL 33315

City/State and Zip Code

Nikki@meditateandmedicate.net

E-mail address: (to be used for future annual report notification)

For Public Information:

Nicole King

Name of Person

at (270)

Area Code

978 1585

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

Meditate and Medicate PLLC

(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 12/06/2022 and assigned
Florida document number

This amendment is submitted in respect for the following:

A. If amending name, enter the new name of the limited liability company here:

Meditate and Medicate LLC

The new company name for this amendment must include the words "Limited Liability Company," the abbreviation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

811 SW 18th Street
Fort Lauderdale, FL 33315

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

811 SW 18th Street
Fort Lauderdale, FL 33315

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nicole King

New Registered Office Address:

811 SW 18th Street

Fort Lauderdale, Florida 33315
City 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.

Nicole King
If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

E. Effective date, if other than the date of filing: _____ (optional)

(Effective date must be a date on or after the date of filing and must be a date on which the record is filed. See Rule 103 of the Rules of the Department of State, 103 R.S. 103-103, 103-104, 103-105, 103-106, 103-107, 103-108.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 13th, 2023

Nicole King
Signature of a member or authorized representative of a member

Nicole King
Typed or printed name of signer