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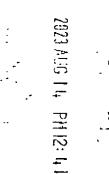
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The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	:
Please	return all correspo	Healing Whole LLC Name of Limited Liability Company 288		
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		L. E. D H		12
		Jodi Bradley	Name of Person	··
			Mille Of Ferrori	
			Firm/Company	
		D212 Partrail Drives		
		9213 Redail (7)1ve	Address	
		Jacksonville, FL 32222		
			City/State and Zip Code	
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For fur	ther information c		,	theation)
Iodi M	l Bradley		.04) . 7352911	
JOHN IVE		f Person	at (241) 7552811 Area Code Daytin	ne Telephone Number
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Enclose	ed is a check for th	ne following amount:		
≡ \$2:	5.00 Filing Fec		Certified Copy	Certificate of Status & Certified Copy
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	Tallahassee, I			rananassee be Street, Suite 810
			Tallahassee, FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MIS 14 PH II

Love Healing Whole LLC (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 03072023 and assigned Florida document number _1.23000119658 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L.L.C." 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 BOX) 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: New Registered Office Address: Enter Florida street address Ciry

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.

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>	<u>Name</u>	Address	Type of Action
AMBR	Jodi Bradley	9213 Redtail Dr.	= Add
		Jacksonville, FL 32222	BRemove
		President	TChange
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