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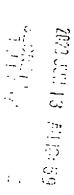
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COVER LETTER

Amethyst Therapy and Wellness, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filling. Please return all correspondence concerning this matter to the following: Jodi M. Rodriguez	TO:		ition Secti of Corpo			•			
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Name of Person Amethyst Therapy and Wellness, LLC Firm/Company PO Box 341 Address Holder, FL 34445 City/State and Zip Code jodiann.msw@gmail.com E-mail address: Itto be used for future annual report notification) For further information concerning this matter, please call: Jodi M. Rodriguez Jodi M. Rodriguez 352 422-3740 Area Code Daytime Telephone Number 1 Co Einclosed is a check for the following amount: S25,00 Filling Fee S25,00 Filling Fee & S55,00 Filling Fee & Certified Copy tadditional copy is enclosed) Certified Copy tadditional copy is enclosed)	Please re	eturn all c	orrespond	ence concerning this matter	to the following:				
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amethyst Therapy and Wellness, LLC (Name of the Limited Liability Company as it now appears on our records.)
(Allorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{3/13/2023}{2}$ and assigned Florida document number __L23000126999 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 "LLC" or the abbreviation "LLC." 6212 W Corporate Oaks Dr Enter new principal offices address, if applicable: Crystal River, FL 34429 (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: Lnter Horida street address , Florida City

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	Rodriguez, Jodi	6212 W Corporate Oaks Dr	
		Crystal River, FL 34429	
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