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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
SIID EDZWP	LIVEONC	E LLC			
SUBJECT:		Name of Lim	ited Liability Company	 	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Yurany Palacios Rubiano			
			Name of Person		
		LIVEONCE LLC			
	Yurany Palacios Rubiano Name of Person				
		848 Brickell Ave Suite 74	7	Code annual report notification) \$901529	
			Address		
	Address Miami, Fl. 33131				
į			City/State and Zip Code		
		-			
		E-mail address: (to be used for future annual report	notification)	
For further in	iformation c	oncerning this matter, please co	all:		
Calvin K Az	adi		786 5901529 at ())	
	Name o	f Person	Area Code Da	ytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Reg	iling Addres	Section		Section	
	ision of C D. Box 632	orporations		Corporations of Tallahassee	
r.t). DOX 034	1	The Centre	UL Lallallassuu	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVEONCE LLC			
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited L		04/06/2023	and assigned
Florida document number L23000172890	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability company	here:	
LIVE ONCE HEALTHY LLC			
The new name must be distinguishable and contain the	ords "Limited Liability Company," th	e designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applied	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	<u>.</u>	202
		<u> </u>	F 2024 APR
		y.i.	₹ 2 R 2
Enter new mailing address, if applicable:			9 1
(Mailing address MAY BE A POST OFFICE	<u></u>	S (PH
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		,	24
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of	the new registered
agent and of the new registered office address	<u> </u>		
Name of New Registered Agent:	Yurany Palacios Rubiano		
New Registered Office Address:			
	Enter F	lorida street address	
		Florida	
	City	Z	ip 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.

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
			□ Add
			□Remove
		<u></u>	Change
			□ Add
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f an effectiv Note: If t	date, if other we date is listed, the date inserted is effective date	he date must be : I in this block :	specific and e does not me	annot be prioret the application	cable statuto	ling or more the	(option 90 days after irements, this	filing.) Pursuant	to 605.0207 (be listed as t
e record sp rd is filed.	occities a delaye	ed effective da	e, but not a	n effective t	ime, at 12:0	Ha.m. on the	earlier of: (b)	The 90th da	y after the
Dated Ap	oril 18			2024					
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Filing Fee: \$25.00