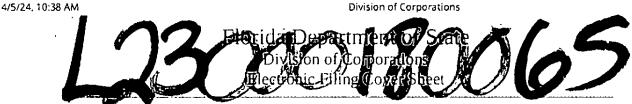
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000125945 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LC AMND/RESTATE/CORRECT OR M/MG RESIGN WILD HEART AWAKENING LLC

Certificate of Status	0
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Page Count	04
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Help

4/5/2024 10:42/47 PGT - To: 18506176383 Page, 2/4 Fex: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILD HEART AWAKENING LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record- nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/11/23	and assigned
Florida document number L23000180065		
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 "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	
		021
		AFR 7
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		

		- 11 - 11
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter</u>	the name of the hew regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida suc		
· · · · · · · · · · · · · · · · · · ·		rida Zip Code
	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.

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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>	Name	Address	Type of Action
MGR	LENE SCHMIDT THOMSEN	7901 4TH ST N STE 300	⊠Add
		ST. PETERSBURG, FL 33702	□Remove
			C)Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			☐ Change
			□Add
			□Remove
			☐Change

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D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
	·	
		
		
Note: If the date inserted in thi	the date of filing:	rsuant to 605,0207 (3)(b I not be fisted as the
f the record specifies a delayed effe ecord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	ith day after the
Dated April 5	. 2024	
	Signature of a member or authorized representative of a member	
 	Nat Smith Typed or printed name of signee	