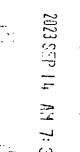
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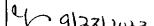
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Healthy Ch	ristians, LLC.		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Linda C. Hoard		
		Name of Person	
	Healthy Christians, LLC.		
		Firm/Company	<del></del>
	15532 Woodbury Drive		
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	Jacksonville, FL 32234		
		City/State and Zip Code	
	localreps@gmail.com		
		to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Linda C. Hoard		770 9903438 at ( )	
Name o	f Person		Aime Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address	
Registration S Division of C		Registration Division of C	
P.O. Box 632			orporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 14 AM 7: 37

Healthy Christians, LLC.		in a second		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company vi Florida document number L2300406566	vere filed on Augut 29th, 2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		-,		
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>		
Enter new mailing address, if applicable:				
		<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. (	nm familiar with and Or, if this document is		

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
AP	Owen L. White	<del></del>	□Add
		15532 Woodbury Dr. Jacksonville, FL 32234	■Remove
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	<del>-</del>		□Add
			□Remove
			Change
		<del> </del>	□Add
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			□Change
		<del> </del>	□Add
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ffective date, if other than to an effective date is listed, the date m	he date of filing	:			(optiona	l)	
an effective date is listed, the date n ote: If the date inserted in this	iust be specific and i block does not m	cannot be prior t cet the applica	o date of filing ble statutory	or more than 90	) days after filin ments - this dat	g.) Pursuant to 6	05.020 isted a
ocument's effective date on the						ic will not be in	isicu a
record specifies a delayed effec	tive date, but not a	an effective tin	ne, at 12:01 a	i.m. on the ear	dier of: (b)	The 90th day at	fter the
is filed.						•	
September 5th, ated		2023					
$\sim$ $\sim$ $\sim$	1	1 17					
Sinda	C. 71	vare					
<del></del> /	Signature of a n	ember or author	rized represent	ative of a mem	ber		
Linda C. III							
Linda C. Hoard							

Filing Fee: \$25.00