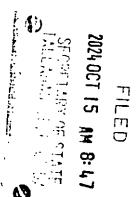


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COVER LETTER

TO: Registration Security Division of Corp.			
SUBJECT:	OCIONOX E	ited Liability Company	UC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Josmine	Rame of Person	
		Firm/Company	
	8622 Wa	MUT DUE Address	
(Pensawia	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notified	1,Com
For further information co	oncerning this matter, please ca	all:	
Jasmi nec	Bacanicx Person	at (850) 3418 Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \(\frac{1}{2}\) Florida document number Q 4 0000 4 1111. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Healing HOUR 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 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Cosperate Florida 3250

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
MOR	Brian Braciduax	8622 Walnut Avenue Pensikala F132534	🗹 Add
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			□Change

Page 2 of 3

f an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	OCTOBER 9th, 3634.
	Q 5 B
	Signature of a member or authorized representative of a member
	JOSMIN BROCONAR