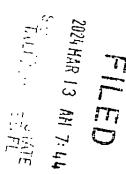
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(Re	questor's Name)	
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Certified Copies	Certificates of	of Status
Special Instructions to Filin	ng Officer:	
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Mailing Address:
Registration Section
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 ARTICLES OF ORGANIZATION OF

FILED

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 "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	Beaches Emotions	al Wellness	ADDRESS OF THE PROPERTY OF	
Florida document numberL	(A F)	orida Limited Liability Com	ipany)	1111 11 4 0
Florida document number	The Articles of Organization for this Limited Liabili	ity Company were filed	on <u>02/26-/2</u> c	STATE DQ4 I. Fand assigned
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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	Florida document number <u>L2400009961</u>	9		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	This amendment is submitted to amend the followin	ıg:		
Enter new principal offices address, if applicable:	A. If amending name, enter the new name of the	limited liability comp	any here:	
Enter new principal offices address, if applicable:				
•	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			
Enter new mailing address, if applicable:	Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	(Mailing address MAY BE A POST OFFICE BO)	o ——		
		<u> </u>		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist			our records, enter the	name of the new registered
agent and/or the new registered office address here:	igent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:	Name of New Registered Agent:		·	
New Registered Office Address:	New Registered Office Address:			
Enter Florida street address		En		
, Florida	_		, Florid	ia
		City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:				

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 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
MGR	Thomas Patrick Fox II	313 North St	≡ Add
		Neptune Beach, FL 32266	□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Remove
			□Change
			⊡Add
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ffectiv	e date, if other than the date of filing: (optional)
an effe lote:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not seffective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
natod	03/13/2024
aicu _	
aicu _	Illand IT
aicu _	Signature of a member or authorized representative of a member