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Tallahassee, FL 32314

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eud le <i>c</i>		TRANSITIONS LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		ALBERT MARINAS		
			Name of Person	
		THE BPD IN ME		
			Firm/Company	
		1446 JAMIE LANE		
			Address	
		CASSELBERRY, FLORII	DA 32707	
			City/State and Zip Code	
		al@thebpdinme.com		
			to be used for future annual report n	otification)
For furthe	r information co	oncerning this matter, please ca	all:	
ALBERT	MARINAS		407 954-0764	
Name of Person		at () Area Code Dayı	ime Telephone Number	
Enclosed	is a check for th	e following amount:		
≅ \$25.0	0 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S Division of Co		Registration S Division of C	
	2.O. Box 632		The Centre of	•

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 AUG 30 AM 9: 47 SECRETARY

MINDFUL TRANSITIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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		PEE,	FL

	·	1 1 1,		THASSEE, F
The Articles of Organization for this Limited I	Liability Compan	y were filed on $\frac{04/18}{}$	3/2024	and assigned
Florida document number L24000183844				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here	<u>:</u> :	
THE BPD IN ME LLC				
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	SAME		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our rec	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	SAME			
New Registered Office Address:	SAME			
		Enter Floride	i 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 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 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
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reffective date is listed, the date: If the date inserted in a	this block does not r	meet the applicable	date of filing or more t le statutory filing re-	han 90 days after filli quirements, this da	ig.) Pursuant to 605,020 te will not be listed a
cument's effective date on	the Department of S	State's records.			
cord specifies a delayed en is filed.	ffective date, but not	t an effective time	e, at 12:01 a.m. on t	ne earlier of: (b)	The 90th day after the
AUGUST 26		2024			
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Typed or printed name of signee