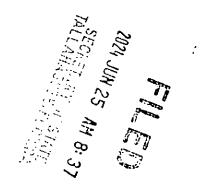
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| (R | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Name) | |
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| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: | Name of Lim | Calm Mind | Therapist LLC |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Jennis | Tor Mortazavi Name of Person | |
| | The Cal | m Mind Through | DIST LLC |
| | 62465 | W12-) Place. Address | |
| | Miami 1 | City/State and Zip Code | |
| | E-mail address: (| nd therapy I C | Damail com |
| For further information co | oncerning this matter, please ca | all: | |
| Jennifer V Name of | Mortazavi Person | at (365) 543 Area Code Daytime | U835 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa | ny as it now appears on our record | IDIST LLC |
|---|--|--|
| (A Florida Limited L | ny as it now appears on our record diability Company) | <u></u> |
| The Articles of Organization for this Limited Liability Company | were filed on May 4, | and assigned |
| Florida document number <u>L2400021933</u> 3 | ' | |
| This amendment is submitted to amend the following: | | 202 7AL |
| A. If amending name, enter the new name of the limited liabi | lity company here: | DD24 JUH SECRET ALL AHA |
| The new name must be distinguishable and contain the words "Limited Liabil | | · · · · · · · · · · · · · · · · · · · |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC | 11 |
| Enter new principal offices address, if applicable: | ΔC | ** ** *** **************************** |
| (Principal office address MUST BE A STREET ADDRESS) | | 37 |
| Enter new mailing address, if applicable: | na | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | s, <u>enter the name of the new</u> |
| Name of New Registered Agent: | <u>na</u> | |
| New Registered Office Address: | Enter Florida street addres | r |
| | | |
| | , Flo | orida Zip Code |
| New Registered Agent's Signature if changing Registered Agent | • | · |

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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|--------------------|-----------------------|----------------|
| AMBR | Jennifer Mortazavi | 6246 SWD7219(C, 3318) | FL 3_04dd |
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| an effe ote: | ve date, if other than the date of filing: |
| | ord 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. |
| ated _ | June 21, 2021. |
| | Signature of a member or anthorized representative of a member |
| | Jennifer Mortazavi Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00