L24000282055

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21771 SW 202ND AVE MIAMI, FL 33170

PH: 470-357-8816

Prepared By

DR. BOBBY PRICE

COVER LETTER

	ion Section of Corporations		
	stic ReEngineering LLC		
SUBJECT:	Name of I	imited Liability Company	_
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.	
	rrespondence concerning this mat		
	BOBBY PRICE		
		Name of Person	
	HOLISTIC REENGIN	EERING	
		Firm/Company	_
	21771 SW 202ND AVE		
		Address	
	MIAMI, FL 33170		2024 NOV
		City/State and Zip Code	
	BOBBYPRICERX@GN		نا الله بر سوال
	E-mail addres	ss: (to be used for future annual report notification)	-5 PH I
For further informa	ation concerning this matter, please	e call:	,
BOBBY PRICE		470 357-8816	14 10
4	Name of Person	Area Code Daytime Telephone Nun	nber
Enclosed is a cheel	k for the following amount:		
□ \$25.00 Filing I	·	Certified Copy Certif (additional copy is enclosed) Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
_	tion Section	Street Address: Registration Section	
Division P.O. Bo	of Corporations	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holistic ReEngineering LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000282055</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	J.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		G 23
		CO
Enter new mailing address, if applicable:		- , () k
(Mailing address MAY BE A POST OFFICE BOX)		P
37		المنطقة المارية
		22
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
Ten hogstored office radius.	Enter Florida street ade	dress
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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
AMBR	SANKHARA HOLDINGS TRUST	1817 MCJENKIN DRIVE ATLANTA GA 30345	= Add
			[]Remove
		 	Change
			🗀 Add
			□Remove
			□ Change
			□Add
			Remove
		<u></u>	Change
			□Remove
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	Adding	Sankhara	Holdings	Trust	as.	e limited	partner
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ffective of	date is listed, the date	must be specific and car	nnot be prior to date of			days after filing.	
		is block does not mee he Department of State		intory filing	requirem	ents, this date	will not be listed
ord spec	ifies a delayed effi	ective date, but not an	effective time, at 1	2:01 a.m. on	the earl:	ier of; (b) Th	e 90th day after
filed.							
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_		Signature of a mer	nber or outhorized reg	escntative o	i a membe	r	