## N23000003140

(Re	equestor's Name)	
— (Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Lit Sessio	n Houstic Integrative Wellness, Inc.
	3
DOCUMENT NUMBER: N2300000 AU	io
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
	Amanda, Taylor
	(Name of Contact Person)
	(Firm/ Company)
	(Address)
	(City/ State and Zip Code)
	(chy, state and the state)
getlit @	Liteession com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Amondo T.	at <b>(362) 559-5001</b>
(Name of Contact Pe	
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address  Amendment Section	Street Address Amendment Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N2300000:	314 D ber of Corporation (if known	)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation	tes, this <i>Florida Not For Pro</i>	•
	<del></del>	Ti
name must be distinguishable and contain the word "corpore" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or	The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	716 N. Ma	in Street
	Gainesvill	e, FL 32601
	· · · · · · · · · · · · · · · · · · ·	ر
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9200 NK	23rd terr # 2074
	<u>Gainesvi</u>	11e, FL 321000
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		r the name of the
Name of New Registered Agent:		
	716 N. Main	Street.
New Registered Office Address:		
6	City)	, Florida <b>37.60 \</b> (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		bligations of the position.
· ————————————————————————————————————	Signature of New Pagistered	Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	PT John Do V Mike Jo SV Şally Sı	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<b>6</b> V	Amanda Moody	1200 NW 39th Ave #3079
Remove 2) Change Add	<u>D</u>	Devante Funderberk	Councille, FL 53405
X Remove 3) Change Add Remove	<u>व</u> ार	Amanda Taylor	3880 NW 23rd terr \$306 Gainesville, FC 52605
4) Change Add			· · · · · · · · · · · · · · · · · · ·
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
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TEN DATE OF THE DESCRIPTION OF THE PERSON OF	1 4	••	
The date of each amendment(s)	adoption:	, if	other than the
date this document was signed.	_		
Effective date if applicable:	December 22, 200	2	
Effective date in applicable.	(no more than 90 days after amendme	ent file date)	<del></del>
	(	, v uu.o,	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory fili Department of State's records.	ing requirements, this date will not be lis	sted as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were was/were sufficient for appr	e adopted by the members and the number of vo	otes cast for the amendment(s)	

adopted by the bo	ard of directors.
Dated	12/22/2023
Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Dr. Amanda Taylor (Typed or printed name of person signing)
	President, Treasurer Director (Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were