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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Healing Hands Of The Villages Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tanya Gunningham Name of Person
Healing Hands Of The Villages
1400 N. HWY 441 Suite 530
The Villages FL 32159 City/State and Zip Code
healinghands of the villages & amail. com E-cotail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanya Cunningham at (352) 446-7199 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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**

Healing Hands	OF The Villages d Liability Company as it now appears on our rec A Florida Limited Liability Company)	
(Name of the Limite	d Liability Company as it now appears on our red A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liz Florida document number <u>L09000887</u>		5/2009 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	•
Healing Hands Well The new name must be distinguishable and contain the wo	ness For Life L.L ords "Limited Liability Company," the designation "	
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	[ADDRESS)	2 P III
Enter new mailing address, if applicable:		H 2: 05
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered off		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	City	, Florida Zip Code
	Cny	Esp Come

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo <u>Note:</u>	ive date, if other than the date of filing:
	cord 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.
Dated _.	November 23, 2016.
	Signature of a member or authorized representative of a member
	Tanya Cunningham MGR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00