

L17000244805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

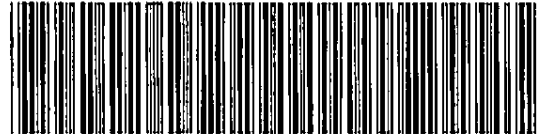
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 03 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AARON M CASS CENTER FOR HEALING LLC
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:

DARLENE FRISINA,
Name of Person

Firm/Company

919 North Dixie Hwy
Address

West Palm Beach FL 33401
City/State and Zip Code

darlenemfrisina@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Frisina at (561) 512-9273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

AARON M. CASS CENTER FOR HEALING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/29/2017 and assigned Florida document number L17000244805.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

919 North Dixie Hwy

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach Fl 33401

Enter new mailing address, if applicable:

919 North Dixie Hwy

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach Fl 33401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DARLENE FRISINA

New Registered Office Address:

14318 BLACKBERRY DRIVE,

Enter Florida street address

WELLINGTON

Florida 33414

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR, C	FRISINA, DARLENE	14318 BLACKBERRY DRIVE	<input type="checkbox"/> Add
		WELLINGTON FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR, CF	BENJAMIN, LYNDIA	14318 BLACKBERRY DRIVE	<input type="checkbox"/> Add
		WELLINGTON FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
S	SANCHEZ, MARK	1140 UNIVERSITY BLVD 23	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

18 JAN -2 PM 12:49
L.E.L.
MAIL ROOM
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12/29/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12-29-17

Darlene Frisina

Signature of a member or authorized representative of a member

DARLENE FRISINA

Darlene Frisina

Typed or printed name of signee