

L23000128537

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(Address)

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2023 AUG 29 AM 9:58

A. PARISHANI

SEP 17 2023

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Healing Haven 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:

2023 AUG 29 AM 9:58

Mateachika Lawton  
Name of Person

Florida Healing Haven LLC  
Firm/Company

2803 Anthony St #B  
Address

Tampa FL 33619  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mateachika Lawton at (813) 343 1883  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Florida Healing Haven 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 3/13/2023 and assigned  
Florida document number L23000128537

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:

(Principal office address MUST BE A STREET ADDRESS)

2803 Anthony St #B  
Tampa FL, 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2803 Anthony St #B  
Tampa FL, 33619

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:

Malachika Lawton

New Registered Office Address:

2803 Anthony St #B

Enter Florida street address

Tampa  
City

Florida

33619  
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	Cranstan Cumberbatch	2622 Fairfield Ave St Pete Fl, 33712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Chelsie Cumes	2803 Anthony St #B Tampa Fl 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Lehua'ani Lawton-Kivisa	2803 Anthony St #B Tampa Fl 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Maleachika Lawton	2803 Anthony St. #B Tampa Fl 33619	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			2021 <input type="checkbox"/> Add
			JUN 25 <input type="checkbox"/> Remove
			AM <input type="checkbox"/> Change
			9:58 <input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

the manager "Mika Lawton"  
is "Maleachika Lawton" that is  
the abbreviated spelling I go by.  
I am the current acting CEO/  
Gen. Manager.

I was unable to open a  
business bank account due to  
the abbreviation and was told  
to amend it with my  
proper full name. (Please update)  
if any issues or questions please  
contact. - thanks

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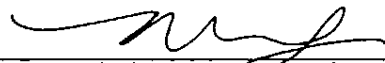
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 08/23/23 . \_\_\_\_\_



Signature of a member or authorized representative of a member

Maleachika Lawton

Typed or printed name of signee