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(Re	equestor's Name)	·
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



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12/07/23--01020--005 ++25.66

12/07/28--01020--006 **5.00

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COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJEC	CT:	Florida Name of Lim	Healing Haven (lc.	
,					
The encl	osed Anicles of An	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresponde	ence concerning this matter	to the following:		
			Maleachika La Name of Person	wton	
		Flori	cla Healing Har	ren LLC.	
		2803	Anthony 5+ #	B taupa	
			Favpu fl 3361 City/State and Zip Code	9	
	-	E-mail address: (eglinghana 573 (a) to be used for future annual report notific	gmail.com	
For furth	er information cond	eerning this matter, please co	-	883	~; <u>1</u>
	Maleachit	ca Lawton	at (<u>\$13</u>) 3431 Area Code Daytime	883 Telephone Number	,
	Name of Pe	rson	Area Code Daytime	Telephone Number	
Enclosee	l is a check for the t	ollowing amount:			60
□ \$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 H	ealing Haven LLC.	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2300128537</u> .	by were filed on $\frac{0.3/13/23}{}$ and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new mailing address, if applicable:	2803 Anthony St	
(Mailing address MAY BE A POST OFFICE BOX)	#3	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new res	ristered
Name of New Registered Agent:		<u>`</u> *
New Registered Office Address:	Enter Florida street address	GD
	, Florida	
	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 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

Title	<u>Name</u>	Address	Type of Action
MAR	Mika Lawton	2518 West Chestrut	← □Add
		tampa fl 33607	Remove
			□Change
Amby	Cimes Cholsne	2803 Anthony of #R tumpa &1 33619	
		tampa 41 33619	Remove
		- · · · · · · · · · · · · · · · · · · ·	
AMBR	Lehra lun, lawton-kn,sa	283 Anthony St 178	🗆 Add
		temper 17 33619	Remove
Ambr	Cranstan Cumbers	nter 2622 Frinfeild A	Ve □ Add
		St personry Of 53	TRemovē !!
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