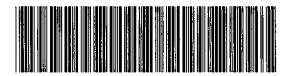
L150000 41318

. (Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nar	me)			
(Do	(Document Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
		ļ			





800275223768

800275223768 07/28/15--01023--017 **60,00

15 JUL 28 AH 10: 55

J. HARRIS

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: SAFE HOUSE WE Nam	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s	•
Please return all correspondence concerning this	is matter to the following:
CArlos	Hernanolez Name of Person
SAFE HO	use Wellness Center, LLC
	rinivCompany
27211	NE 10th Teurace
۸	
Pompens (Beach FL 33064 City/State and Zip Code
_	
CACOS h Z E-mail	@ bellcooth.net address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Reginald Jones Name of Person	at (754) 779 - 1830 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fe Certificate of \$	•

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

Safe House Wellacss Conter LLC (Name of the Limited Liability Company as it new appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/7/2015 and assigned Florida document number 4/50000 6/3/8.							
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of	he limited liab	oility company here:					
The new name must be distinguishable and contain the wo	rds "Limited Liabi	ility Company," the design	nation "LLC" or the	bbreviation '	"L.L.C."		
Enter new principal offices address, if applica	ble:	 					
(Principal office address MUST BE A STREET ADDRESS)				7.00 1.17 1.77 1.77	<u>ল</u>		
					-		
					8 F		
Enter new mailing address, if applicable:				- HA			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				<u>5</u>		
				<u> </u>	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi	ce address her	<u>·e</u> :					
Name of New Registered Agent:	CArlo	S Hernande North Fe Enter Floridas Booch City	2				
New Registered Office Address:	4699	North Fe	eleval Hig	hivay	Suite	205	
		Enter Florida s	treet address	7,000	1		
	lomper	o Beach	, Florida _	330	64		
New Registered Agent's Signature, if changing Re	l Gistored Agent:	City		Zip Cod	ie		
		_					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company.	and complete ered agent as gistered office	performance of my provided for in Chap	duties, and I am oter 605, F.S. Oi	familiar v r, if this do	vith and ecument is	e	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

.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 Name

NGR - CArlos Herrender 4699 North Federal Highway MAdd

Svite 201 Remo

Pompeno Beach, FL 33064 Char **Type of Action** ☐ Remove ☐ Change □ Add □ Remove Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove 三级 巧 _□ Charlee 28 - Add Remove ☐ Change □ Add ☐ Remove ☐ Change

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
_			
,- <u></u> -			
_		<u> </u>	
_			
			
_			
_			
-			
_			
_			
_			
_	· · · · · · · · · · · · · · · · · · ·		
_		<u></u>	
Note: 1 docume	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pull the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	l not be listed	l as the
The	90th day after the record is filed.		
Dated _	July 13th, 2015.	- 	
	Signature of a member or authorized representative of a member		
	Regnold David Jince	28	
	Typed or printed name of signee	FIGA O	ED
		9. 55	
	Page 3 of 3	Em O	

Filing Fee: \$25.00