

L15000061718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

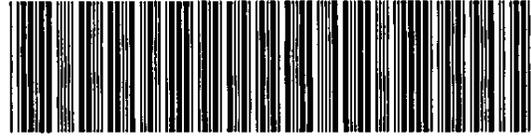
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 9 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAFE HOUSE WELLNESS CENTER, 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:

CARLOS HERNANDEZ
Name of Person

SAFE HOUSE WELLNESS CENTER, LLC
Firm/Company

4699 NORTH FEDERAL HIGHWAY, SUITE 205
Address

POMPANO BEACH, FL 33064
City/State and Zip Code

ONEMALENURSE9@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REGINALD JONES at 754 779-1830
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**

SAFE HOUSE WELLNESS CENTER, 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 04/07/2015 and assigned
Florida document number L15000061318.

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)

4699 NORTH FEDERAL HIGHWAY

SUITE 205

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4699 NORTH FEDERAL HIGHWAY

SUITE 205

POMPANO BEACH, FL 33064

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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

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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	JESSICA VEGA	4699 NORTH FEDERAL HIGHW	<input type="checkbox"/> Add
		SUITE 205	<input checked="" type="checkbox"/> Remove
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

CARLOS HERNANDEZ BOUGHT JESSICA VEGA'S INTEREST OF SAFE HOUSE WELLNESS CTR., LLC
IN OCT. 2015, AND NOW OWNS 100% (PERCENT) OF THE COMPANY. REGINALD JONES REMAINS
AS EXECUTIVE DIRECTOR, ACTS AS AN AUTHORIZED SIGNER AND ADMINISTRATOR, BUT DOES
NOT OWN ANY PERCENTAGE OF THE COMPANY AT THIS TIME.

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TALLAHASSEE, FLORIDA

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

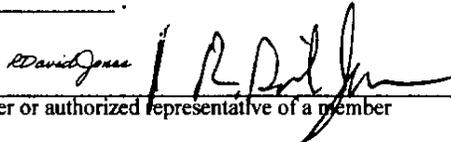
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER 2ND, 2015



Signature of a member or authorized representative of a member

REGINALD DAVID JONES, RN, EXECUTIVE DIRECTOR, SAFE HOUSE WELLNESS CENTER, LLC

Typed or printed name of signee