

L1510061318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

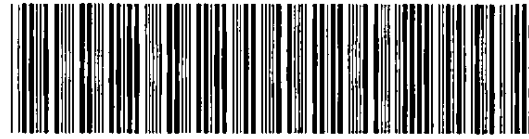
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/16/17--01005--012 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUL 6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

June 19, 2017

Corporate Access Inc

LEE STEIN
141 NW 20TH ST STE F7
BOCA RATON, FL 33431

SUBJECT: SAFE HOUSE WELLNESS CENTER, LLC
Ref. Number: L15000061318

We have received your document for SAFE HOUSE WELLNESS CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijoux
Regulatory Specialist

Letter Number: 917A000124

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17 JUL -5 AM 5:49 2017
STATE
TALLAHASSEE, FLORIDA

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:

LEE STEIN
Name of Person
SAFE HOUSE WELLNESS CENTER LLC
Firm/Company
4699 N FEDERAL HWY, STE 205
Address
POMPANO BEACH, FL 33064
City/State and Zip Code
LEESCOTTSTEIN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MAHLER at (561) 4726339
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

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REGISTRATION SECTION
TALLAHASSEE, FLORIDA

**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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: DAVID MOORE

New Registered Office Address: 131 NW 13TH ST, STE 41

Enter Florida street address

BOCA RATON

City

Florida

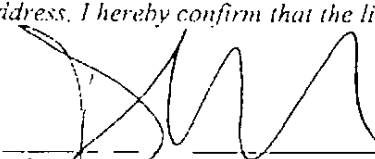
33432

Zip Code

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2015

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>
MGR	REGINALD D JONES	2736 NE 28TH CT	<input type="checkbox"/> Add
		LIGHTHOUSE POINTE	<input checked="" type="checkbox"/> Remove
		FL 33064	<input type="checkbox"/> Change
MGR	LEE STEIN	141 NW 20TH ST	<input checked="" type="checkbox"/> Add
		STE F7	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
MGR	DAVID MAHLER	141 NW 20TH ST	<input checked="" type="checkbox"/> Add
		STE F7	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
MBR	CARLOS HERNANDEZ	4699 N FEDERAL HWY	<input type="checkbox"/> Add
		STE 205	<input type="checkbox"/> Remove
		POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Change
MGR	7 C'S, LLC	141 NW 20TH ST	<input checked="" type="checkbox"/> Add
		STE F7	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
	7 C'S, LLC		<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.)

7 C'S L.L.C., OWNED BY DAVID MAHLER AND LEE STEIN BOUGHT 100% (PERCENT) OF CARLOS
HERNANDEZ'S INTEREST IN SAFE HOUSE WELLNESS CENTER, LLC IN MAY 2017. CARLOS
HERNANDEZ REMAINS AS A MEMBER, BUT DOES NOT HAVE ANY OWNERSHIP OF THE
COMPANY, NOR DOES HE POSSESS THE ABILITY TO ACT AS A SIGNATORY FOR THE COMPANY.
DAVID MAHLER AND LEE STEIN ARE HEREBY ADDED AS MANAGERS OF SAFE HOUSE
WELLNESS CENTER, LLC BY AND THROUGH THEIR OWNERSHIP ON 7 C'S L.L.C.

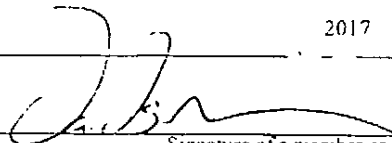
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 30 _____ 2017



Signature of a member or authorized representative of a member

DAVID MAHLER

Typed or printed name of signee

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FILED
STATE OF NEW YORK
DEPARTMENT OF STATE