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(Re	questor's Name)	
	,	
(Ad	dress)	
,	dress)	
(Au	uless)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

EP 22 AHII:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORBES ALTERNATIVES & HOLISTIC 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:

	MARVIN A. FOR			
		(Name of Person)		
	Forbes Alternative	es & Holistic Center L	LC	
		(Firm/Company)		
	20458 South Dix	ie Highway, Cuttler	Bay _⋝	.s 30
		(Address)	LLA	당 왕
	Miami, Florida 3	3189	HASSE	06 SEP 22 SECRETARY
	(Cit	y/State and Zip Code)	TTI_	
For further informat	tion concerning this matter, please	call:	FLORIDA	TO: II HV
Christ	ine Forbes	at 786 239	-0044	
4	(Name of Person)		e Telephone Number)	-
	r the following amount:		 * <0.00 PW P	
\$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 encl	os e d)

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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION , OF

FORBES ALTERNATIVE & HOLISTIC CENTER, L.L.C.

(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on		
SECOND:	This amendment is submitted to amend the following: PLEASE CHANGE THE MANAGER/MEMBER NAME TO	SECRETA TALLAHA!	_ ;
	MARVIN A. FORBES.	SEE,	1
	LEAVE REISTERED AGENT AS SAME	HOTH LS.14	
		PH.	(
	•		
•			
,			
Dated 09	/19/	West Control of the C	
	Signature of a member or authorized representative of a member		
	MARVIN A. FORBES		
	Typed or printed name of signee		

Filing Fee: \$25.00

FILE