(Re	equestor's Name)	
(Ac	idress)	
. (Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

	tion Section of Corporations		
SUBJECT: All	About Healing, LLC		
		imited Liability Company)	
	icles of Amendment and fee(s) are su correspondence concerning this matte	-	
	Susan Rhodes		
		(Name of Person)	
	All About Healing, LL		
		(Firm/Company)	
	3224 State Route 60		
		(Address)	
	Valrico, FL 33594	/State and Zip Code)	
For further inform	nation concerning this matter, please	call:	
Susai	n Rhodes	_{at (_} 813 ₎ 838-;	2623
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	\$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	STREET/COURI Registration Section	
Division of Cornerations		Division of Compositions	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	l About Healing, LLC
	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on document number L07000029749 March 20, 2007 and assigned
SECOND:	This amendment is submitted to amend the following:
	Address Change: 3224 State Route 60 East, Suite 100
	Valrico, Florida 33594
	This is now our principle business and mailing address effective 4/16/07.
Dated Ap	ril 17
	Hanaging Wember
	Signature of a member of authorized representative of member

Filing Fee: \$25.00

Typed or printed name of signee

Susan Rhodes, Managing Member