1070000 89826

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(611) 51315-1217
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooding)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400330246924

06/13/19--01911--bus **25.00



で多る ヤード

JUN 2 5 CATO T. LETGELON

COVER LETTER

то:	Registration Se Division of Cor			<i>(</i>		
SUBJE	Holistic He	aling Hands LLC				
()()()		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Frances Oppenheimer				
		<u></u>	Name of Person			
Holistic Healing Hands LLC						
			Firm/Company			
		4420 NW 33rd Court				
			Address			
		Gainesville, FL 32606				
,		francesopp@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi	cation)		
For fur	ther information c	oncerning this matter, please co	ıll:			
France	es Oppenheimer		352 275-1848			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fec & 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)		

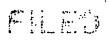
MAILING ADDRESS:

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



Holistic Healing Hands LLC

類 JUL 13 P 1: E4

(A Florida Limited (A Florida Limited)	Dany as it now appears on a Liability Company)	our records.)
		CALLANDOUS AND THE CO
The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{0.8731720}{0.8731720}$	and assigned
Florida document number L07000089826		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Bio-Energy Health and Wellness LLC		
The new name must be distinguishable and contain the words "Limited Liab	offity Company," the designa	ition "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 or registered agent and/or the new registered office address he		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	i	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 Title Name | **Address Type of Action** □ Add _□ Remove _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove __ Change □ Add _□ Remove

_□ Change

					
		<u>. </u>			
	-		 -	· -	
-					
					
-					
	_				
		<u>-</u>	<u> </u>		
			,		
					
		<u></u>			
					
ffective date, if other than an effective date is listed, the date iote: If the date inserted in thi ocument's effective date on the	must be specific and is block does not m	cannot be prior to di sect the applicable	ate of filing or more statutory filing re	(optiona than 90 days after fili quirements, this da	no) Pursuant to 605 (12
	yed effective d	ate, but not a	n effective time	e, at 12:01 a.m	ı. on the earlier
e record specifies a dela The 90th day after the	record is filed.				
Time 90th day after the		2019			
e record specifies a dela The 90th day after the ated			JCVVoC d representative of a	MCR member	

Page 3 of 3

Filing Fee: \$25.00