

LO8000018497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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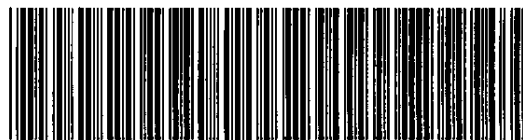
(Business Entity Name)

(Document Number)

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S. HAWKES
SEP 21 2010
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: NORTHERN HOLISTIC CENTER MANAGEMENT, 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:

Geni Antonova

Name of Person

JMJ Services, Inc.

Firm/Company

14580 S. Tamiami Trail Unit D

Address

North Port, FL 34287

City/State and Zip Code

morningstar1963@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geni Antonova

Name of Person

at (941)

423-0834

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**

NORTHERN HOLISTIC CENTER MANAGEMENT, 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 02/21/2008 and assigned
Florida document number L08000018497.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NORTHERN BILLING AND MANAGEMENT, LLC

The new name must be distinguishable and end with 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)

5400 Biscayne Drive

Suite # A

North Port, FL 34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5400 Biscayne Drive

Suite # A

North Port, FL 34287

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:

Daniil SUPISHCHEV

New Registered Office Address:

5400 Biscayne Drive, Suite # A

Enter Florida street address

North Port

City

, Florida

34287

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Antonina SUPISHCHEV	11723 Tempest Harbor Loop Venice, FL 34292	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Daniil SUPISHCHEV	11723 Tempest Harbor Loop Venice, FL 34292	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 09-16-10, _____

Daniil

Signature of a member or authorized representative of a member

Daniil SUPISHCHEV

Typed or printed name of signee