

L10000045126

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**EXAMINER**



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FILED  
11 MAR 25 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIDDHA VARMA HEALING 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:

STEPHEN R GRISSOM

Name of Person

SIDDHA VARMA HEALING LLC

Firm/Company

245 S HIGHLAND ST #1

Address

MOUNT DORA FL 32757

City/State and Zip Code

GRISSOMPA@COMCAST.NET

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

For further information concerning this matter, please call:

EVANGELINE GRISSOM BRUHN CPA

Name of Person

at ( 772 )

466-2508

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**

**SIDDHA VARMA HEALING 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 APRIL 27, 2010 and assigned  
Florida document number L10000045126.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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11 MAR 25 PM 2:10  
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TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

City

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>
_____	_____	_____	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

SEE ATTACHED

Dated \_\_\_\_\_

 3/20/11  
Signature of a member or authorized representative of a member

STEPHEN R GRISSOM

Typed or printed name of signee

**Siddha Varma Healing LLC**  
**Articles of Amendment to Articles of Organization**

**Section D.**  
**Amend Article III. Purpose**

The purpose of Siddha Varma Healing LLC, hereinafter referred to as the Church, is to function as an integrated spiritual healing platform to alleviate the suffering of those with chronic and acute disorders and guarding human life force for a qualitative and respectable life expression. By teaching about the one who knows Saram and Param, who knows the nature of nadis and the flow of nectar, and the one who is humble and knows the primordial pulsation, we salute HIm as Varma, the Sat Guru.

The purposes of the Church are limited to those enumerated in these Articles of Organization. None of the members of the Church (while acting in the name of the Church) will engage in any activities not directly related to the purposes of the Church or in any activities not permitted under section 501(c)(3) of the Internal Revenue Code. None of the assets of the Church will be used for any activities not directly related to the purposes of the Church or for any activities not permitted under section 501(c)(3) of the Internal Revenue Code.

**Add Article VII. Dissolution**

In the event that this organization is dissolved for any reason, the manager/member shall distribute all remaining assets of the Church to his, her, or their choice of non-profit organizations which would qualify and would be exempt within the meaning of section 501(c)(3) of the Internal Revenue Code, and which, in the opinion of the manager/ member, will most effectively carry on the goals and purposes of the Church.