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COVER LETTER

TO: Registration Section
Division of Corporations

Midtown Hypnosis 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:

Daniel Llinas

Name of Person

Midtown Hypnosis Center, LLC

Firm/Company

2700 N Miami Ave. #903

Address

Miami, FL 33127

City/State and Zip Code

danllinas@gmail.com

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

For further information concerning this matter, please call:

Daniel Llinas

Name of Person

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

Midtown Hypnosis Cent			
(<u>Name of the Limited</u> (A	Liability Com Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited L. Florida document number L12000028829	ability Compa	ny were filed on 2/29/2012	and assigned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	J	ahility company here:	F 13 SEF SECRET
Midtown Assessment Center, LL			F 20 P 20 PASSE
The new name must be distinguishable and end wit "L.L.C."	h the words "Li	imited Liability Company," the designation	"LLC" on the abbrevialion
Enter new principal offices address, if applic		<u>ua</u>	1: 3 ORIDA
(Principal office address MUST BE A STREE	T ADDRESS)		7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	p#	
B. If amending the registered agent and/or the new registered of			r the name of the new
Name of New Registered Agent:	MA		
New Registered Office Address:	NA		
		Enter Florida street a	address
		, Florida	

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.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NA		 	Add
			Remove
		A	Add
		Alla	S T
			SEP 20 PM
			SEP SEP FILORIDA
<u> </u>			<u>F</u> add
			Remove
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			_
			_ Add
			Remove
			Kemeve
			_
		 	Add
		/	Remove

V IV			
September 9	2013)	

Daniel Llinas

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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