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A. BUTLER APR 07 2022

## **COVER LETTER**

	Registration Sc Division of Cor			
		Legal & Accounting Services	LLC	·
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Zee Delgado		
			Name of Person	
		Silver Light Messengers		
			Fun. Company	
		10300 Sunset Drive, Ste 1.	35	
			Address	
		Miami, Fl. 33173		
			City/State and Zip Code	<del></del>
		silverlightmessengers@gma	ail.com  To be used for future annual report no	and the same
For furth	ner information o	n-man address: ( concerning this matter, please c		anganan
Zee Delg	gado		305 306-0336	
	Name c	of Person	at () Area Code Dayti	me Telephone Number
Enclosed	I is a check for t	he following amount:		
<b>■</b> \$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 Addre		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632	27	The Centre of	
	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAR 21 AM 7: 16 Affordable Legal & Accounting Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLARY OF STATE The Articles of Organization for this Limited Liability Company were filed on \_\_\_ 2012 and assigned Florida document number  $\frac{L12000039588}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Healing Giftz LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  $N/\Lambda$ Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

	City	, Florida
New Registered Office Address:	Enter Florida str	eet address
Name of New Registered Agent:	N/A	

## 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 605, 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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
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f an effecti <u>Note:</u> H	re date, if other than the date of filing:	Pursuant to 605.0207 will not be listed as t
iocumen	it's effective date on the Department of State S (ecords).	
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The d.	90th day after the
Dated	3/10 2022	
	Agnature of a member or authorized representative of a member	
	T agriculte of a member of authorized representative of a member	

Filing Fee: \$25.00