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Florida Department of State
Division of Corporations
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From:
Account Name : VILA TAX
Account Number : I20190000073
Phone : (954)778-9844
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: hharmonyth19@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALING HARMONY WELLNESS CENTER LLC**

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T. LORNEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALING HARMONY WELLNESS 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:

TERESA HERNANDEZ

Name of Person

HEALING HARMONY WELLNESS CENTER, LLC

Firm/Company

9690 W SAMPLE RD STE 204

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

hharmonyth19@gmail.com

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

For further information concerning this matter, please call:

TERESA HERNANDEZ

954 646-4320
at () Area Code Daytime Telephone Number

Name of Person

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

H190003277163

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

HEALING HARMONY WELLNESS CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records) 2-21
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/06/2013, and assigned
Florida document number L13000019636

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 contain 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)

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:

TERESA HERNANDEZ

New Registered Office Address:

5940 NW 64 AVENUE APT 103

Enter Florida street address

TAMARAC

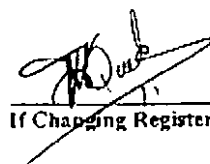
City

Florida 33319

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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Dated NOVEMBER, 06 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee