## 113000026941

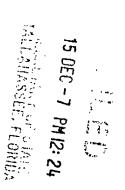
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<u> </u>	(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Juana F. Cruz, L.Ac. 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:	
Juana F. Cruz  Name of Person	
Juana F. Cruz, L.Ac. LLC Firm/Company	
156 Almeria Avenue, Ste. 200 Address	5
Coral Gables, FC 33134 City/State and Zip Code	
Sacredhealth @ bell South. net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tuana Cruz at 305 301-0109  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee \$ □ \$55.00 Filing Fee \$ □ \$60.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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

Juana F. Cruz,	L. Ac. LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>130000 26941</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	were filed on 8/21/2013 and assigned	
•		
Acu Healing Plus, L. The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	156 Almenia Avenue	the new
(Principal office address MUST BE A STREET ADDRESS)	Ste. 205 Coral Gables, FL 33134	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4250 SW 58 Ave me Miami, Fl 33155	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>.</u>
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and Sprovided for in Chapter 605, F.S. Or, if this document is	17 mg
TO L	Delictured Agent Streetung of New Bestehand	~u,,~
If Chai	nging 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			□ Remove
			☐ Change
			□ Add
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<u>Note:</u> If documer he reco	e date, if other than the date of filing: OI OI QOIO (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  The date is listed, the date is listed.	l as the
Dated_	November 30th, 2015.	
_	Quana Cun	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00