

L13000030859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

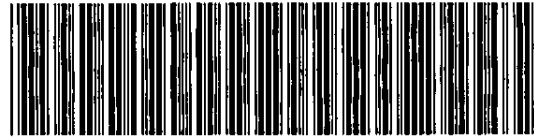
(Business Entity Name)

(Document Number)

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DEC 19 2013  
J. Shivers

J. Shivers DEC 19 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INTEGRATIVE & HOLISTIC ALLIANCE, 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:

**MONICA DABNEY**

Name of Person

**INTEGRATIVE & HOLISTIC ALLIANCE, LLC**

Firm/Company

**3660 SW 16 ST**

Address

**MIAMI, FLORIDA 33145**

City/State and Zip Code

**DRMONICA13@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**CHARLES DABNEY**

Name of Person

**305 799-7506**

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**

**INTEGRATIVE & HOLISTIC ALLIANCE, 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 02/28/2013 and assigned  
Florida document number L13000030859

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)

3660 SW 16 ST  
MIAMI, FLORIDA 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3660 SW 16 ST  
MIAMI, FLORIDA 33145

**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:

3660 SW 16 ST

*Enter Florida street address*

MIAMI

, Florida 33145

*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>
MGRM	MONICA DABNEY	3660 SW 16 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33145	<input type="checkbox"/> Remove
MGR	CHARLES DABNEY	3660 SW 16 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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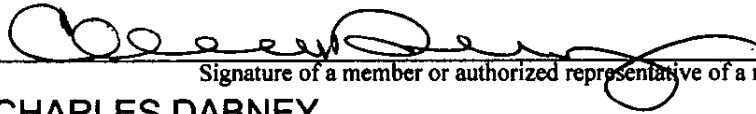
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Dated 11/27, 2013.



Signature of a member or authorized representative of a member

**CHARLES DABNEY**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

RECEIVED  
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