

213000038270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

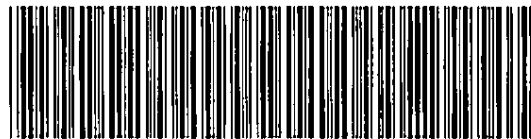
(Business Entity Name)

(Document Number)

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18 NOV - 1 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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BL VORISEK

NOV 16 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Palm Beach Healing Arts 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:

Sarah L Hicks

\_\_\_\_\_  
Name of Person

Simply Bookkeeping

\_\_\_\_\_  
Firm/Company

7951 NE 66th Place

\_\_\_\_\_  
Address

Bronson, FL 32621

\_\_\_\_\_  
City/State and Zip Code

spintowin@att.net

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

For further information concerning this matter, please call:

Sarah L Hicks

352 486-3752  
at ( )

\_\_\_\_\_  
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**

Palm Beach Healing Arts 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 3/13/13 and 18 NOV - 1 PM 3:06  
Florida document number L13000038270

FILED  
18 NOV - 1 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**

6300 S. Dixie Highway

Suite 201

West Palm Beach, FL 33401

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6300 S. Dixie Highway

Suite 201

West Palm Beach, FL 33401

**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:

Sarah L Hicks

New Registered Office Address:

7951 NE 66th Place

*Enter Florida street address*

Bronson

Florida 32621

*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 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.*

  
Sarah L Hicks

**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>
MGRM	Acupuncture WPB LLC	216 Gregory Rd.	<input type="checkbox"/> Add
		West Palm Beach, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10.01.2020

Signature of a member or authorized representative of a member

Typed or printed name of signee