L13000093729

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TO: Registration Section
Division of Corporations

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UBJECT: Healing Matters, 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:

Channing Whitlock

Name of Person

Firm/Company

2440 SE Federal Hwy Suite D

Address

Stuart, Florida 34994

City/State and Zip Code

channing.whitlock@gmail.com

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

For further information concerning this matter, please call:

Channing Whitlock

..772, 263 6226

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

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
• • • • • • • • • • • • • • • • • • • •	
The Articles of Organization for this Limited Liability Company were filed on 6/5/2. Florida document number L13000083729	013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Healing Matters Counseling LLC	;1
The new name must be distinguishable and end with the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	HE X
	30 SSE SSE
	To R I
Enter new mailing address, if applicable:	LST &
(Mailing address MAY BE A POST OFFICE BOX)	
Transing wave-objects to the control of the control	3
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida st	treet address
	, Florida
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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			□ Add
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. If amending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)
· .	
Effective date, if other than the date of filing. (The effective date must be specific, cannot be prior to do the date this document is filed by the Florida Department.)	ng: (optional) late of receipt or filed date and cannot be more than 90 days after ent of State)
Dated January 28	2014
Charrielly	a member or authorized representative of a member
Channing Whitlock	(
	Typed or printed name of signee

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Filing Fee: \$25.00

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