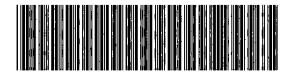
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J. SAULSBERRY EXAMINE: 2 OCT 2 2013

## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

The Healing Garden Spa, L.L.C

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:

## Christina Navedo

Name of Person

The Healing Garden Spa, L.L.C

927 E. New Haven Ave. Ste. 306

Melbourne, FL 32901

City/State and Zip Code

christina@thehealinggdn.com

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

For further information concerning this matter, please call:

# Christina Navedo

at (321)872-5221

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 Tallahassec, 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

The Healing Garden Spa, L.L.C	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L13000129707</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The Healing Garden Therapy Center, L.L.C	
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
	203
Enter new principal offices address, if applicable:	20 <b>73</b> SET
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	in the second se
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
registered agent and/or the new registered orner address ner	Σ.
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Page 3 of 3

Filing Fee: \$25.00

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