14000022169

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	#)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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A. RIVERS

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
SUBJECT: Name char	age: from Cultured Innovations	LLC to The Business Healer LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marte Siebenhar		
		Name of Person	
	Cultured Innovations LLC		
		Firm/Company	
770 NE 69th St. Suite 6D			
		Address	
	Miami, FL 33138		
		City/State and Zip Code	
	E-mail address: (hello ethe busine	Shealer. Co
For further information of	concerning this matter, please co	•	,
Marte A Siebenhar		at (917) 880-5316	
Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s <u>s:</u>	Street Address:	
Registration :	Section	Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cultured Innovations LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on Feb 8, 2014	and assigned
Florida document number L14000022169		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The Business Healer LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		03
		1023 155 151
		APR APR
B. If amending the registered agent and/or registered	office address on our records, enter the	name of the new registere
igent and/or the new registered office address here:	<u></u>	$\sigma \sim 1$
		me p m
		PH 12:
Name of New Registered Agent:		
New Registered Office Address:		15 2
	Enter Florida street address	
	, Florid	a
	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 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>	Address	Type of Action
			CIAdd
			□Remove
			□Change
			□Add
			Remove
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ffective date, if other than the d an effective date is listed, the date must b	e specific and cannot be	prior to date of filing or r	option (option)	at) ing.) Pursuant to 605.0207 (
ote: If the date inserted in this bloc	k does not meet the ap	pplicable statutory filir	ng requirements, this d	ate will not be listed as t
ocument's effective date on the Dep	artment of State's rec	ords.		
record specifies a delayed effective of is filed.	late, but not an effecti	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is filed.				
	2022			
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•	to Q	, <i>l</i>		
ated April 7 Mari		authorized representative	e of a member	

Filing Fee: \$25.00