

L14 000058052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

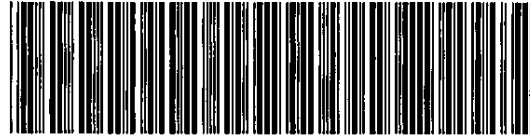
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263478310

000263478310
09/08/14--01041--004 **30.00

2014 SEP -8 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 15 2014

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Haven Holistic Center, 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:

Lisa Merconchini

Name of Person

Haven Holistic Center, LLC

Firm/Company

P.O. Box 8895

Address

Coral Springs/Florida 33075

City/State and Zip Code

lmerconchini@gmail.com

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

2014 SEP -8 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Lisa Merconchini

Name of Person

954 415-5343

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Haven Holistic Center, 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 04/08/2014 and assigned
Florida document number L14000058052.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Haven Holistic Center, LLC

1201 N 37th Ave,

Hollywood, FL 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Haven Holistic Center, LLC

P.O. Box 8895

Coral Springs, Florida 33075

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:

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 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

MGR = Manager
AMBR = Authorized Member

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	STATUS
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove
							<input type="checkbox"/> Add
							<input type="checkbox"/> Remove

2814 SEP - 8 PM 12:52
Remove
Add
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7
100-443887
100-443887
100-443887
100-443887

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Membership Interest:

Lisa Merconchini 50%

Farid Assouad 50%

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 03, 2014.



Signature of a member or authorized representative of a member

Lisa Merconchini

Typed or printed name of signee

2014 SEP -8 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED