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OCT 1 4 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation	on rations	•	
SUBJECT: Hee	aling Space Nume of Limit	LLC led Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Jean	Riccio	
		Name of Person	
		Firm/Company	
		th Ave NE #11. Address	
	St. Peter hells ean E-mail address: (to	Sburg, FL 33 City/State and Zip Code Ticco @ gmail o be used for future annual report notific	716 . com ation)
For further information cond	cerning this matter, please ca		
Jean Name of Po	Riccio	at (127) 642 - Area Code Daytime 1	2518 Telephone Number
Enclosed is a check for the	following amount:		
A <u>fas co Piling Pe</u> e	\$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

TO ARTICLES OF ORGANIZATION OF

Healing Space,	LLC	
(A Florida Limited	pany as it now appears on our recell Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 6/2	6/14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
A Beautiful Place LLC		
The new name must be distinguishable and end with the words "Limited Li	ability 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)		ur
		4 0 4 0
Enter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)		1
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	t•	

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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Page 3 of 3

Filing Fee: \$25.00

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