L14000124369

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TO: Registration S Division of Co			1
Healing	Stone Therapy Services	s, LLC	
SUBJECT:	Name of Lim	ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joan E. Nodzon		
	**************************************	Name of Person	
	Healing Stone Thera	apy Services, LLC	
		Firm/Company	
	81 Bay Woods Drive	•	
		Address	
	Safety Harbor, Florid	da 34695	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	jnodzon@yahoo.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Joan E. Nodzon		727 457-1000 at ()	
Name o	of 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	☐ \$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

FILED 2015 MAR II AM II: 03

SECHETARY OF STATE ALLAHASSEE, FLOREDA

Joan E. Nodzon, LMHC, 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 8/8/2014	and assigned
Florida document number L14000124369		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Healing Stone Therapy Services, LLC		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 West Bay Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 413	
	Largo, Florida 33770	
Enter new mailing address, if applicable:	81 Bay Woods Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Safety Harbor, FI 34695	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the nev
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

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

MGR = N $AMBR = A$	Anager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
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	ending any other information, enter change(s) here: (Anach additional sheets, if hecessary.)
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-	
The effe	ive date, if other than the date of filing:(optional) certive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	(Joan Co Nodron)
	Signature of a member or authorized representative of a member
	Joan E. Nodzon

Page 3 of 3

Filing Fee: \$25.00

FILED

FILED

STATE DAY OF STATE