

LIS000079227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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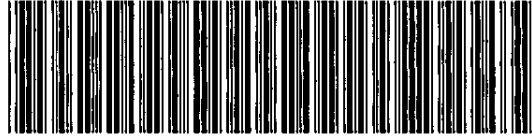
(Business Entity Name)

(Document Number)

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SOUTH DAKOTA
FALL AGENCY, S.D.

N. Culligan JAN - 5 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEART BODY & MIND HEALTHCARE, 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:

Ralph Laughton
Name of Person

HEART BODY & MIND HEALTHCARE, LLC
Firm/Company

12670 WORLD PLAZA LANE, SUITE 2, Bldg. 62
Address

FORT MYERS, FL 33907
City/State and Zip Code

RLaughton@HBMHHealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph Laughton at (239) 344-8501
Name of Person Area Code Daytime Telephone Number

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
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

HEART BODY & MIND Healthcare, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 DEC 31 AM 10:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 05, 2015 and assigned Florida document number L15000079227.

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 contain the words "Limited 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 ADDRESS)

12670 WORLD PLAZA LANE
Suite 2, Bldg 62
FORT MYERS, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12670 WORLD PLAZA LANE
Suite 2, Bldg 62
FORT MYERS, FL 33907

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:

Ralph B. Loughton

New Registered Office Address:

12670 WORLD PLAZA LANE, Suite 2, Bldg 62
Enter Florida street address

FORT MYERS
City

Florida: 33907
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.

SAME
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Pearl I Laughton	12670 World Plaza Lane	<input type="checkbox"/> Add
		Suite 2, Bldg. 62	<input type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change
AmBR	Ralph B. Laughton	12670 World Plaza Lane	<input type="checkbox"/> Add
		Suite 2, Bldg. 62	<input type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated December 28, 2015.

Signature of a member or authorized representative

Ralph B. Laughlin
Typed or printed