Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	<u></u>										_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOLISTIC HEALING FUNCTIONAL MEDICINE AND WELLNESS

CE Certificate of Status Certified Copy 1 05 Page Count \$55,00 Estimated Charge

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Help

TO:

Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

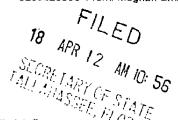
COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:	HOLISTIC	HEALING FUNCTIONAL	MEDICINE AND WEL		TER, LLC
DOING IT		Name of Limit	ed Liability Company		
The enclosed	Articles of A	imendment and fee(s) are subn			
Please return	all correspon	dence concerning this matter to	o the following:		
		Cheyenne Moseley			
		ayan di didi gayan midad di giya mindi di big garandi di dikangan	Name of Person		
		Legalzoom.com, Inc.			•
			Firm/Company		
		101 N. Brand Blvd., 11th	Floor		
			Address		_
		Glendale, CA 91203			
			City/State and Zip Code		i
		paulafire101@aol.com			
			be used for future annual	report notification	on)
For further in	iformation co	ncerning this matter, please ca	И;		
Cheyenne Moseley			800 77	73-0888 ext. 9	
	Name of	Person	Area Code	Daytime Tel	ephone Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is encountered)		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



HOLISTIC HEALING FUNCTIONAL MEDICINE AND WELLNESS 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 vi Florida document number <u>L15000112942</u>	vere filed on 06/30/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
True Source Healing LLC	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	÷
Enter new mailing address, if applicable:	18
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
New Negistered Office Address.	Enter Florida street address
	. Florida
	City Zip Cock
New Registered Agent's Signature, if changing Registered Agent:	Const.
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

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>:

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Page 3 of 3

Filing Fee: \$25.00

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