

**L15000192282**

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(Address)

(City/State/Zip/Phone #)

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**D. SCOTT**

**NOV 30 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Corlana Transitional Living and Consulting, 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:

Anishka Hamilton

Name of Person

Corlana Transitional Living and Consulting, LLC

Firm/Company

801 Northpoint Pkwy Ste 73

Address

WPB, FL 33407

City/State and Zip Code

Falana530@gmail.com

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

For further information concerning this matter, please call:

Shaneka Falana

Name of Person

at 561 234 8277

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Corlana Transitional Living and Consulting, 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 11-12-15 and assigned Florida document number U15000192282.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Faiana Transitional Living, LLC  
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)

801 Northpoint Pkway  
St 73  
WPB, FL 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

**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:

Anishka Hamilton

New Registered Office Address:

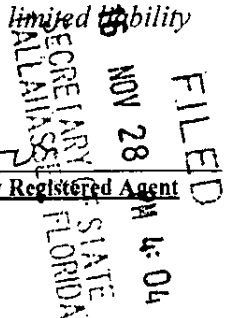
801 Northpoint Pkway St 73  
Enter Florida street address

WPB, Florida 33407  
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.

Anishka Hamilton  
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	Anishka Hamilton	801 North Point Pkwy	<input checked="" type="checkbox"/> Add
		Ste 73	<input type="checkbox"/> Remove
		WPBch, Fl. 33407	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated Oct 17, 2016

Shaneka Falana

Typed or printed name of signee

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