L16000031025

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COVER LETTER

	Registration of			
eun ine		c Mental Wellness, LLC		
SUBJEC	L1:	Name of Li	mited Liability Company	
The encl	losed Article	es of Amendment and fee(s) are su	ubmitted for filing.	
Please re	eturn all corr	respondence concerning this matte	er to the following:	
		Abeela Haq, LMHC		
			Name of Person	
		Holistic Mental Wellness	s, LLC.	
		-	Firm/Company	·
		7208 W. Sand Lake Rd.,	Suite 305	
			Address	TA: 22
		Orlando, FL, 32819	,	LLLAI
			City/State and Zip Code	HASS CT 2
		Holistic Mental Wellness, LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Abeela Haq, LMHC Name of Person Holistic Mental Wellness, LLC. Firm/Company 7208 W. Sand Lake Rd., Suite 305 Address Orlando, FL, 32819 City/State and Zip Code holisticmentalwellness@yahoo.com E-mail address: (to be used for future annual report notification) nformation concerning this matter, please call: Name of Person Daytime Telephone Number		
For furth	her informat			
Abeela	Haq			
	Na	ame of Person	Area Code Daytime Te	ephone Number
Enclosed	d is a check	for the following amount:		
\$25.	.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy
	Ro Di P.	egistration Section ivision of Corporations O. Box 6327	Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holistic Mental Wellness, 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 2/15/16 and assigned Florida document number L16000031025 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." 7208 W. Sand Lake Rd Enter new principal offices address, if applicable: Suite 305 (Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32819 7208 W. Sand Lake Rd Enter new mailing address, if applicable: Suite 305 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32819 T B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: 7208 W. Sand Lake Rd. New Registered Office Address: Enter Florida street address **ORLANDO** Florida 32819 City

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 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>	Address	Type of Action
			Add
			□ Remove
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. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Some in the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 60: ements, this date will not be list	5.0207 (3 ted as th
f the record specifies a delayed effective date, but not an effective time, and b) The 90th day after the record is filed.	t 12:01 a.m. on the earli	ier of:
Dated October 25, 2016.		,
Signature of a member or authorized representative of a men	nh on	
Abella HAO. Typed or printed name of signee	noci	

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Filing Fee: \$25.00