

L16 000061583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

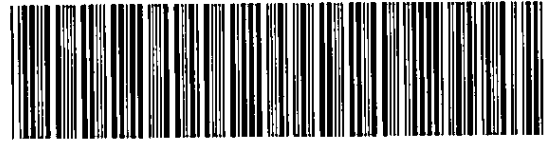
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: International School of the Healing Arts and Sciences

DOCUMENT NUMBER: LW000061583

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert S. Morse

Name of Contact Person

Firm/ Company

525 Tamiami Trail Unit 1

Address

Port Charlotte FL 33954

City/ State and Zip Code

rmorse11@aol.com

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

For further information concerning this matter, please call:

Robert S. Morse

Name of Contact Person

at (941) 979-2304

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ISOD CLASSES, 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 03/29/2016 and assigned Florida document number L16000061583.

This amendment is submitted to amend the following:

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

INTERNATIONAL SCHOOL OF THE HEALING ARTS AND SCIENCES
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)

SAME BUT UNIT # 1
525 TAMMAM; TRAIL UNIT 1
PORT CHARLOTTE, FL. 33953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1609A GALENA AVE
PORT CHARLOTTE, FL.
33954

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: _____

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 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>
MGR	Jennifer Willette	525 TAMiami TRAIL, PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Jennifer Willette	525 TAMiami TRAIL UNIT #5 Portcharlotte, Fl. 33953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Member	SAT NAM L.L.C.	525 TAMiami TRAIL UNIT 5 PORTCHARLOTTE, FL. 33953	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MEMBER	ROBERT S. MORSE	525 TAMiami TRAIL UNIT 1 Portcharlotte, Fl. 33953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BRENDA C. MORSE	525 TAMiami TRAIL UNIT 1 PORTCHARLOTTE, FL. 33953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	SHANNON BRESE	525 TAMiami TRAIL UNIT 1 Portcharlotte, Fl. 33953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

E. Effective date, if other than the date of filing: 5-1-21 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/17/16

Jennifer Willette
Signature of a member or authorized representative of a member

Jennifer Willette
Typed or printed name of signee