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COVER LETTER

	Oalanda D.C			•		
SUBJECT:	Orlando Rafi Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Kristie	Kirca Name of Person				
		Name of Person				
	Oclando	C Refresh LL Firm/Company	C			
		Firm/Company				
	4100 Parc	DISK DISE .				
		Address				
	ST. Peter	SLUCAH, FL 3 City/State and Zip Code	37 <u>05</u>			
		•				
	上のいまれた。 E-mail address: (her a hou. cor	eport notification)		~	
For further information c	oncerning this matter, please c	all:		TAL	2020 SEP	-3
Krishe	Kliec	at (<u>407</u>) Area Code	308-54	<u>(0</u>	P - 8	
Name o	f Person	Area Code	Daytime Telepho	one Number 🥳		,
				· · ·	M 6: 23	
Enclosed is a check for the	he following amount:			[, 4	23	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Certificate of Certified Cop (additional copy	Status &	

Mailing Address:

TO:

Registration Section
Division of Corporations

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

Street Address:

Registration 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

Orlando Ref	iash LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>05-69-2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Refresh Hapnotherapy and The new name must be distinguishable and contain the words Elimited Liab	oility Company," the designation "LLC" or the	LLC abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4100 Porpoise Dr. Saint Patarsburg.	2020 SEP -8 33705 7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	1.1.
Name of New Registered Agent:		
New Registered Office Address: 2549	Enter Florida street address Switch, Florida	
St. Pete	rsburgh , Florida	33712 Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

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
MGR.	Kristic Klick	4100 Parpoise DR SE ST. Petersburgh, FL 33705	①Add
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		$\frac{23}{3}$
ffective date, if other than the date of filing:	to date of filing or more than 90 days after filing.) Pursua able statutory filing requirements, this date will no	
record specifies a delayed effective date, but not an effective tird is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
Pated 8-31-2020,	<u> </u>	
1 1.		
1 10	rized representative of a member	