

46 000 138785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

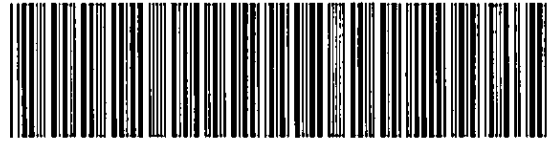
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400342485304

03/30/20--01022--012 \*\*60.00

2020 MAR 30 AM 10:00

○ SIMMONS  
APR 14 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healing Alternatives Psychotherapy, 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:

Nicole D. St. John  
Name of Person

Healing Alternatives Psychotherapy, LLC  
Firm/Company

5200 Central Gardens Way, Unit 202  
Address

Palm Beach Gardens, FL 33418  
City/State and Zip Code

nicolemajerle1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark St. John at (561) 284-9718  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**  
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**

Healing Alternatives Psychotherapy, 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 06/02/2019 and assigned  
Florida document number L1600001387.85

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

800 Village Square Crossing  
Suite 211  
Palm Beach Gardens, FL  
33418

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

800 Village Square Crossing  
Suite 211  
Palm Beach Gardens, FL 33418

**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	Nicole Denise Majerle	5200 Central Gardens Way unit 202 Palmer Beach Gardens, FL 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Nicole Denise St. John	800 Village Square Crossing Suite 211 Palmer Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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.)

Please change Mark Edwin St. John's  
title from AP to MGR

2020 MAR 30 AM 10:00

E. Effective date, if other than the date of filing: 3/24/2020 (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 3/24/2020, \_\_\_\_\_.

Nicole D. St. John

Signature of a member or authorized representative of a member

Nicole D. St. John

Typed or printed name of signee

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000138785

**Entity Name:** HEALING ALTERNATIVES PSYCHOTHERAPY LLC

**Current Principal Place of Business:**

100 E. LINTON BLVD., STE. 106B  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

5200 CENTRAL GARDENS WAY  
UNIT 202  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 81-3518187

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MAJERLE, NICOLE DENISE  
5200 CENTRAL GARDENS WAY  
UNIT 202  
PALM BEACH GARDENS, FL 33418 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** NICOLE D MAJERLE

06/02/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name MAJERLE, NICOLE  
Address 5200 CENTRAL GARDENS WAY  
UNIT 202  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title AP  
Name ST. JOHN, MARK  
Address 5200 CENTRAL GARDENS WAY  
UNIT 202  
City-State-Zip: PALM BEACH GARDENS FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NICOLE D MAJERLE

MRS.

06/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date