

L16000182327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

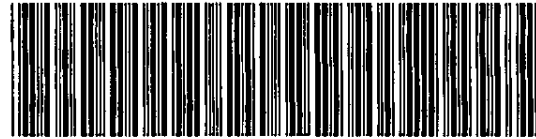
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

DEC 14 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALING SOLUTION CENTER 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:

MICHAEL SILBERMAN
Name of Person

Firm/Company

6494 LA GORCE LN.
Address

LAKE WORTH, FL 33463
City/State and Zip Code

MIKEABRIAN@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SILBERMAN at (410) 440-5777
Name of Person 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

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

HEALING SOLUTION CENTER 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 9/29/2016 and assigned Florida document number L16000182327.

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)

24 SW 13TH ST. APT. 3

DANIA BEACH, FL
33004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24 SW 13TH ST. APT. 3

DANIA BEACH, FL
33004

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:

MICHAEL SILBERMAN

New Registered Office Address:

6494 LA GORCE LN.

Enter Florida street address

LAKE WORTH

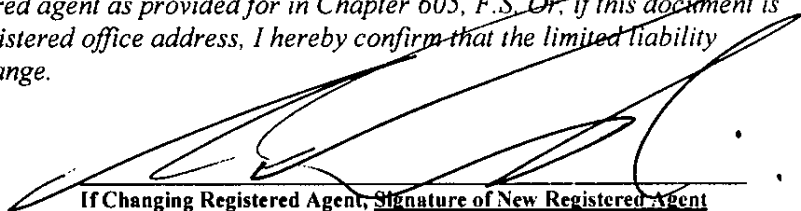
City

Florida 33463

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>
<u>MGR</u>	<u>ROBERT EATON</u>	<u>911 SW 11TH AVE.</u>	<input type="checkbox"/> Add
		<u>FORT LAUDERDALE, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33315</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ADAM BIDDLE</u>	<u>24 SW 13TH ST. APT 3</u>	<input checked="" type="checkbox"/> Add
		<u>DANIA BEACH, FL</u>	<input type="checkbox"/> Remove
		<u>33004</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change


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TALLAHASSEE, FLORIDA

16 DEC -9 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 DEC -9 AM 9:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 DECEMBER 5TH, 2016.


Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

ADAM BIDDLE

Typed or printed name of signee