116000/82327

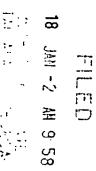
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	; #)
PICK-UP		MAIL MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



200307189342

01/02/18-+01026--029 **30.00



J. LEGGETT LAN 03 2018

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HEALING SOCUTION 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:			
ERIN GIRALDEZ			
Name of Person			
SUBJECT: HEALING Solution Center LCC 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: ERIN GIRALOFZ Name of Person Firm Company 2016 BAY DR. ART. 904 Address MIAMI BACH FL 33 JULY City/State and Zip Code EBC2211 QME Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ERIN GIRALOFZ Name of Person at 754 614 0508 Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status			
2016 BAY DR. APT. 904			
MIAMI BEACH FL 33141 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
ERIN GIRALDE2 at (954) 614 · 0508 Name of Person Area Code Daytime Telephone Number			
Division of Corporations CCT: HEALINK SOLUTION CENTER LLC Name of Limited Liability Company Consider Articles of Amendment and fee(s) are submitted for filing. Ferturn all correspondence concerning this matter to the following: ERIN GIRALOEZ Name of Person Firm/Company 2016 BAY DR. APT. 904 Address MIAMI SEACH CL 33 144 City/State and Zip Code EBC 2011 Q ME. Com E-mail address: (to be used for future annual report notification) their information concerning this matter, please call: 24N GIRALOEZ Name of Person at (754) Area Code Daytime Telephone Number and is a check for the following amount: 6.00 Filing Fee Certificate of Status & Certificat 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 SOLL	\	CENTER	LLC	
(Name of the Limiter	T (ON)	ny as it now appears or hability Company)		
				- -
The Articles of Organization for this Limited Lia	bility Company	were filed on <u>09</u>	129/2016	and assigned
Florida document number <u>4 / 6000 / 82 32</u>	<u> </u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	ility company here:		်း (
The new name must be distinguishable and contain the wor	rds "Limited Lasbi	lity Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:	1 <u>380 NE N</u> STE. 138, MIANI, PL	MIAMI GANI	pens De.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	1380 NE 97E. 138 A MIAMI, FL		AROND DR.
B. If amending the registered agent and/o registered agent and/or the new registered offi			ir records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	ERIN	GIRAL!)£ 2	
New Registered Office Address:	2016 B	Enter Florida		
	MIAMI	BEACH City	Florida _	33141 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 Type of Action Title Name <u>Address</u> ADAM BIDDLE 24 SW 13th ST. APT. 3 DAdd DANIA BEACH, FL Remove 33004 ☐ Change MGR ERIN GIRALDEZ 1380 NE MIAMI GARDONS DR GADE STE. 138 A MAMI, PL 33179 ___ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change

-		
-		
-		
-		
•		
•		
-		
-		
_	3+ , .	18
_	Be 1.7 Ti	JA T
•	•	1-2
-		<u> </u>
•	11 1	<u></u>
-	in the state of th	<u>8</u>
-		
-		
fan efi <u>Note:</u>	ive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of
Dated	DETEMBER 29TH 2017	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00