

L17000039983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 DEC -6 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC -6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Brennan Institute, 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:

Lisa Van Ostrand
Name of Person

Barbara Brennan School of Healing
Firm/Company

500 NE Spanish River Blvd #208
Address

Boca Raton, FL 33431
City/State and Zip Code

bosh.office@barbarabrennan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Van Ostrand at (561) 620 8769
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

al ready paid

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

FILED
2017 DEC -4 PM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Brennan Institute 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 2/20/2017 and assigned
Florida document number U7000039983.

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 "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)

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

City, Florida 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	Dane Dodge	500 NE Spanish River Blvd	<input type="checkbox"/> Add
		# 208	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
MGR	Fresoling Santana	500 NE Spanish River Blvd	<input type="checkbox"/> Add
		# 208	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
MGR	Lisa Van Ostrana	500 NE Spanish River Blvd	<input checked="" type="checkbox"/> Add
		# 208	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (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 11/27 2017

Olga Van Oshorn
Signature of a member or authorized representative of a member

Lisa Vancorand
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2017

BARBARA BRENNAN SCHOOL OF HEALING
LISA VAN OSTRAND
500 NE SPANISH RIVER BLVD. #208
BOCA RATON, FL 33431

SUBJECT: THE BRENNAN INSTITUTE, L.L.C
Ref. Number: L17000039983

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00023295

Barbara Brennan School of Healing,

2017 DEC -4 AM 11:05

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED