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(Requ	estor's Name))
(Addr	ess)	
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(City/:	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	ime)
(Docu	ıment Number)
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S. WARREN
JUL 0 5 2017

COVER LETTER

. TO:	Registration Se Division of Cor			
end in	The Studios	at Florida School of Holistic	Health	
SUBJE	.C1:	at Florida School of Holistic l	ited Liability Company	
				
		Amendment and fee(s) are sub	_	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Donna McGcc		
			Name of Person	
			Firm/Company	
			Firm/Company	
		1506 King Street		
			Address	
		Jacksonville, FL 32204		
			City/State and Zip Code	
		thestudiosatfshh@gmail.com	m to be used for future annual report noti	fication)
For furt	her information e	oncerning this matter, please c	·	
Donna l	McGee		904 465-0985	
	Name o	f Person	at ()	e Telephone Number
Enclose	ed is a check for the	ne following amount:		
		-	☐ \$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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our recability Company)	cords.)		_	
The Articles of Organization for this Limited I Florida document number L17000078486	Liability Company v	vere filed on 4/7/2017		and	assig	ned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liabil	ity company here:				
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "	LLC" or the ab	breviation	ı "L.L.(
Enter new principal offices address, if applicable:		1506 King Street, Jacksonville, FL 32204				
(Principal office address MUST BE A STRE	ET ADDRESS)				 -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	EBOX)	1506 King Street, Jacksons	rille, FL 3220)4		
B. If amending the registered agent and registered agent and/or the new registered of			ords, <u>enter</u>	the nar	17 <u>9</u> 18	the n
Name of New Registered Agent:	Donna M. McGe	e		(7) (7)	3 P	
New Registered Office Address:	1506 King Street				.	
	Jacksonville	Enter Florida street ad			9	
	Jacksonville	City :	Florida 32	Zip Co	ode .	
New Registered Agent's Signature, if changing	Registered Agent:	,				
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree per and complete p istered agent as pr registered office a	verformance of my duties vovide <u>d fo</u> r in Chapter 60	, and I am J 95, F.S. Or,	lamiliar if this d	with i	and ent is

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>	Address	Type of Action
MGR	PATRICIA B. BYRD	4617 CEDARWOOD ROAD	
		JACKSONVILLE, FL 32210	Remove
			□ Change
MGR	JENNIFER L. LAKE	3342 NOKOMIS ROAD	D Add
		ORANGE PARK, FL 32073	≅ Remove
			☐ Change
MGR	MARGARET D. MARTIN	2172 SOFT WIND TRAIL W	
		JACKSONVILLE, FL 32224	_
			Change
MGR	DAVID MARTIN	4240 LORI DRIVE W	■ Add
		JACKSONVILLE, FL 32207	☐ Remov c
			☐ Change
			Remander Challege
			Chathge Add
			☐ Remove
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. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessar	y:.)	
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-			<u></u>
			
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		-	
			
(If an effect Note: If	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	.) Pursuant to	o 605.0207 (3)(listed as the
the recor) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the e	arlier of:
Dated	6/19 0017 Jan John		ال 17
	Signature of a member or authorized representative of a member	i.	£ :1. Ε:1.
	Donna M. McGee Typed or printed name of signee		- <u>P</u> 0
		1000	
	Page 3 of 3	₩.	9

Filing Fee: \$25.00