

L17000244805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

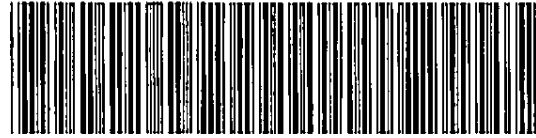
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800307189958

01/02/18--01030--003 ++20.00

FILED
18 JAN -2 PM 12:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

JAN 03 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AARON M CASS CENTER FOR HEALING 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:

DARLENE FRISINA,

Name of Person

Firm/Company

919 North Dixie Hwy

Address

West Palm Beach FL 33401

City/State and Zip Code

darlenemfrisina@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Frisina

561 512-9273
at ()

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**

AARON M. CASS CENTER FOR HEALING, 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 11/29/2017 and assigned
Florida document number L17000244805.

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)

919 North Dixie Hwy

West Palm Beach Fl 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

919 North Dixie Hwy

West Palm Beach Fl 33401

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:

DARLENE FRISINA

New Registered Office Address:

14318 BLACKBERRY DRIVE,

Enter Florida street address

WELLINGTON

Florida 33414

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>
AMBR, C	FRISINA, DARLENE	14318 BLACKBERRY DRIVE	<input type="checkbox"/> Add
		WELLINGTON FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR, CF	BENJAMIN, LYNDIA	14318 BLACKBERRY DRIVE	<input type="checkbox"/> Add
		WELLINGTON FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
S	SANCHEZ, MARK	1140 UNIVERSITY BLVD 23	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input checked="" 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

18 JAN 28 PM 2:49
RECEIVED
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

10 JAN -2 PM
MAIL ROOM OF S
MALLERHASSEE, FL

18 JAN -2 PM 12:49
MAIL ROOM
MILWAUKEE, 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 12-29-17

Darlene Resua
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DARLENE FRISINA

Dartene Frising
Typed or printed name of signee