L180000092238

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04/15/2101016

Office Use Only



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2021, April 9

Department of state
Division of Corporations

To Whom this may concern:

Kindly be advised enclosed is a request for change of name for my LLC. # L 18000092238. My LLC name is currently Sacred Space Institute, and I am requesting it changed to Sacred Space Behavioral Health.

Please contact me with any questions or concerns at 813-535-2440. My Email is dr.andrealwilson@gmail.com

Sincerely,
(1), and Well

Dr. Andrea L. Wilson DNP

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
eus mere	Sacred Space			
SUBJECT:		Name of Lim	ited Liability Company	
			ta i e i en	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Dr. Andrea L. Wilson		
			Name of Person	
		Sacred Space Institute		
			Firm/Company	
		6709 Cromwell Garden Di	ive	
			Address	
		Apollo Beach, Florida 335	372	
		*	City/State and Zip Code	·
		dr.andrealwilson@gmail.co		· <u>····</u>
			to be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please of	all:	
Andrea L W	ilson		813 535-2440 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25,00 F	iling Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address Registration	
-	_	orporations	Division of C	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sacred Space Institute (Name of the Limit	ed Linbility Compan	y as it now appears on our ability Company)	records.)
	(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Li	iability Company v	were filed on 04/09/2021	and assigned
lorida document number L18000092238	·		
his amendment is submitted to amend the following	owing:		
. If amending name, enter the new name of	f the limited liabil	ity company here:	
Sacred Space Behavioral Health (LC			
he new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Cnter new principal offices address, if applic	able:	Same no change	
Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		
Inter new mailing address, if applicable:		Same no change	
Mailing address MAY BE A POST OFFICE	BOX)		
	<u></u>		
B. If amending the registered agent and/or r	egistered office ac	ddress on our records,	enter the name of the new regi
gent and/or the new registered office addres	£,7		
			22
Name of New Registered Agent:	Same no change		ئىست : • • • • • • • • • • • • • • • • • • •
Nous Provintered Office Address	Same no change		, ;
New Registered Office Address:		Enter Florida street	address
		City	Florida Zip Code
		vaiy.	CT.

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 hability company has been notified in writing of this change.

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
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
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			□Change
			□Add
			□Remove
			□ Chamila

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ective date, if other than the date of effective date is listed, the date must be spece: If the date inserted in this block doe ument's effective date on the Departme	fic and cannot be prior to date not meet the applicable st	of filing or more than 90 days		
cord specifies a delayed effective date, b s filed.	ut not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after	er the
ed April 9th	2021	,		
(1)	$\mathcal{L} = \mathcal{L}$	7111/20	/	
()) (In N	of a member or authorized n	MUNIC		