Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000290233 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 517-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323) 962-8600 Phone Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINDTALK HEALING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

Division of Co	•			
SUBJECT:	ALK HEALING, LLC Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N. Brand Blvd 11th Floor			
	Address Glendale, CA 91203 City/State and Zip Code			
	allisonboor@hotmail.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Cheyenne Moseley		800 773-0888 es	xt. 9724	
Name	of Person	at () Area Code Duytime	: Telephone Number	
Enclosed is a check for	the following amount:			
□ 525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	© \$55,00 Fitting 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 TOARTICLES OF ORGANIZATION OF



MINDTALK 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 $\frac{5/7/2018}{}$ and assigned Florida document number 1.18000114177 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1025 92nd street Apt. 503 Enter new principal offices address, if applicable: Bay Harbor Island, Florida 33154 (Principal office address MUST BE A STREET ADDRESS) 1025 92nd street Apt, 503 Enter new mailing address, if applicable: Bay Harbor Island, Florida 33154 (Mailing address MAY BE A POST OF FICE 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

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

_, Florida ___

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Allison Konovalova	1330 West Avenue Apt. 2614	
		Miami, Florida 33139	☑ Remove
AMBR	Allison Konovalova	1025 92nd street Apt. 503	& Add
		Bay Flarbor Island, Florida 33154	Remove
			D Add
			Remove PILTD Remove 29 ALL TIMES Add AM 12:29 ALL TIMES AND A
			Add A [1]
			12.29 Remove 29
			Remove
•			
			Remove

If amending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
[ffective date, if other than the date of filing:	receipt or filed date and cannot be more than 90 days after State)
Dated October 2	2018
ONLA	ivon Konavawa
Signature of a mem	ber of authorized representative of a member
	Allison Konovalova
Typ	ed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED 18 OCT -6 AM 12: 29