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COVER LETTER

TO:	Registration S Division of Co					
CHBIC		SWIM SCHOOL LLC				
SUBJE	Name of Limited Liability Company					
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please re	enirn all corresp	ondence concerning this matter	to the following:			
		Mona M. Moshki				
		-	Name of Person			
		Sacred Garden Healing				
			Firm/Company			
		473 Coply Terrace				
			Address			
		Sebastian, Florida 32958				
		monamoshki@yahoo.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report noti-	ication)	2018 521	
For furth	er information	concerning this matter, please ca	all:		2019 MAR 28 SECRETARY DALLAHASS	
Mona M	l. Moshki		772 410 9046		28 ASY ASSE	3
		of Person	at () Area Code Daytimi	: Telephone Number	PE FLORIDA	
		the following amount:			3×1 &	
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

SHARKS SWIM SCHOOL LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our re hability Company)	cords.)			
The Articles of Organization for this Limited L Florida document number <u>L18000212323</u>	Liability Company	were filed on 09/06/2018		and a	ssignec	1
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
Sacred Garden LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation '	'LLC" or the	abbreviation "	L.L.C."	
		473 Coply Terrace				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SEBASTIAN, FL 32958					
Enter new mailing address, if applicable:		473 Coply Terrace				
(Mailing address MAY BE A POST OFFICE	E B <u>OX)</u>	SEBASTIAN, FL 32958				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Daniel Federic	i	cords, <u>ente</u>	r the nam	6 2019 HAR 28	he nev
New Registered Office Address:	473 Coply Ten				ES	7
	SEBASTIAN	Enter Florida street a	Florida	32958	ယ္အ	
		City		Ziji Cod	c ω	

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>	Address	Type of Action
MGR	Mona M Moshki	473 Coply Terrace	
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		SEBASTIAN, FL 32958	
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Effective date, if other than the after that the after t	ie date of filing:	annus ha maiar ta	dota of Glina are	(0	ptional)	መ to ልብና በ"
Note: If the date inserted in this document's effective date on the	block does not me	et the applicab	le statutory fili	ng requirements.	this date will not	t be listed
he record specifies a delay The 90th day after the re	ed effective da cord is filed.	te, but not	an effective	time, at 12:0	1 a.m. on the	earlier:
Dated March 25,		2019	. <i>,</i>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00