

L19 000013673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

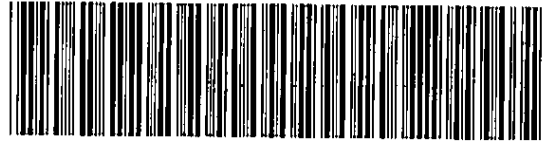
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

SEP 10 2019  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Three Treasures Holistic Care, 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:

Damita Hartz

\_\_\_\_\_  
Name of Person

Florida Acupuncture and Counseling, LLC

\_\_\_\_\_  
Firm/Company

1105 Fort Clarke Blvd. Apt 1203

\_\_\_\_\_  
Address

Gainesville, FL 32606

\_\_\_\_\_  
City/State and Zip Code

fla.acupuncture@gmail.com

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

For further information concerning this matter, please call:

Damita Hartz

352 727-1660  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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**

Three Treasures Holistic Care, 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 January 11, 2019 and assigned Florida document number L19000013673.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Florida Acupuncture and Counseling, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

1731 NW 6th Street, Suite A-5

Gainesville, FL 32609

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1731 NW 6th Street, Suite A-5

Gainesville, FL 32609

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**SIGNATURE**  
**TALLAHASSEE FL**

**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:

1731 NW 6th Street, Suite A-5

*Enter Florida street address*

Gainesville

Florida 32609

*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>
MGR	Damita Hartz		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1105 Fort Clarke Blvd, Apt 1203 Gainesville, FL 32606	<input checked="" type="checkbox"/> Change
MGR	Jason Hartz		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1105 Fort Clarke Blvd, Apt 1203 Gainesville, FL 32606	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

September 1, 2019

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 1 2019

Signature of Contractor \_\_\_\_\_

Damita Hartz

Typed or printed name of signee