

L19 000014454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

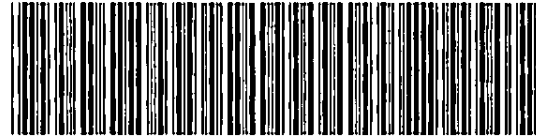
(Document Number)

Certified Copies _____ Certificates of Status _____

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800381068968

LLC N/C & Amend

02/07/22--01029--016 **25.00

FILED
2022 MAY -6 PM 12 28
CLERK OF SUPERIOR COURT
JANET E. PETERSON

A. RAMSEY
MAY -9 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Inner 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:

Jalonda Lancaster & Janae Charles

Name of Person

Firm/Company

1107 W. Alexander St

Address

Plant City FL 33563

City/State and Zip Code

jalondalancaster333@gmail.com

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

For further information concerning this matter, please call:

Jalonda Dexter

813 203-9901

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAR -6 AM 8:09

SECRET
TAL

DATE
FL

April 8, 2022

JALONDA LANCASTER
6847 SANDLE DR
JACKSONVILLE, FL 32219

SUBJECT: INNER HEALING LLC
Ref. Number: L19000014454

We have received your document for INNER HEALING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the amending authorized person page please list the title. Jalonda Dexter is already currently on our records as MGR. If you are not making changes or adding please remove information on the amending authorized person page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 222A00004071

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAY -6 PM 12 28

Inner 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 01/14/2019 and assigned
Florida document number L19000014454

This amendment is submitted to amend the following:

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

True To Life Detoxification LLC

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:

6847 Sandle Dr Jacksonville FL 32219

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6847 Sandle Dr Jacksonville FL 32219

(Mailing address MAY BE A POST OFFICE 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:

Jalonda Dexter

New Registered Office Address:

6847 Sandle Dr

Enter Florida street address

Jacksonville

Florida 32219

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action☐ Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00