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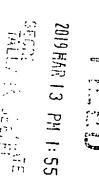
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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Holistia Renew 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:				
Rachael Harvey Name of Person				
Firm/Company				
2623 Bermuda Lake Dr. Address				
Brandon, FC. 33510 City/State and Zip Code holistig. renaw Egmail. com E-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pachael Harvey at (813) 841-2203 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Compa) (A Florida Limited L.	ny as it now appears on our records.)" 19 11 1. 55
The Articles of Organization for this Limited Liability Company	were filed on Feb. 12 12019 and assigned
Florida document number <u>L19000043017</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2623 Bermuda Lake Dr.
Principal office address MUST BE A STREET ADDRESS)	2623 Bermuda Lake Dr. Brandon, Fc. 33510
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	\
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida 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

Title **Type of Action** Name Address MGR Jamahl Williams 2623 Bermuda Lake Dr. WADD Brandon, FL. 33510 Owner/MGR Rachael Harvey 2623 Bermuda Lake Drogadd
AMBR

Brandon, FL 33510 Remove ____ Change \square Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ____ □ Remove ___ Change ☐ Add ☐ Remove ☐ Change

reffecti <u>te:</u> If i	date, if other than the date of filing:
recor he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed	march 11, 2019
	Rubal Haway Signature of a member or authorized representative of a member
	Rachael Harvey Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00