

L19 000170835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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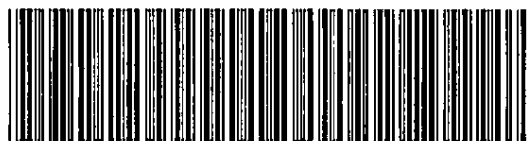
(Business Entity Name)

(Document Number)

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2022 JUN 10 AM 9:10
TALLAHASSEE, FLORIDA

AUG 26 2022
S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIVANA HOLISTIC CENTER "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:

Mary Rodriguez

Name of Person

Firm/Company

4875 NW 178 TE

Address

Miami Gardens, FL 33055

City/State and Zip Code

DrMaryTeam@gmail.com

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

For further information concerning this matter, please call:

Mary Rodriguez

786 267-7222

at ()

Name of Person

Area Code

Daytime Telephone Number

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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SIVANA HOLISTIC CENTER "LLC"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 JUN 10 AM 9:10
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

The Articles of Organization for this Limited Liability Company were filed on 07/01/2019 and assigned
Florida document number L19000170835.

This amendment is submitted to amend the following:

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

Dr. Mary Holistic Institute "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:

(Principal office address MUST BE A STREET ADDRESS)

4875 nw 178 terrace

Miami Gardens FL 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4875 nw 178 terrace

Miami Gardens FL 333055

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:

MARICELA RODRIGUEZ

New Registered Office Address:

4875 NW 178 TE

Enter Florida street address

MAIMI GARDENS

Florida 33055

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.

Maricela Rodriguez

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	AIDA MERCEDES GARCIA	2300 W 84 ST SUITE 106	<input type="checkbox"/> Add

		_____	<input type="checkbox"/> Add

		_____	<input checked="" type="checkbox"/> Remove

		_____	<input type="checkbox"/> Change

MGR	PRISCILA PEREIRA	4875 NW 178 TE	<input checked="" type="checkbox"/> Add

		_____	<input type="checkbox"/> Add

		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Change

		_____	<input type="checkbox"/> Add

		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Change

		_____	<input type="checkbox"/> Add

		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Change

		_____	<input type="checkbox"/> Add

		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated _____, _____

Typed or printed name of signee

STATE OF FLORIDA
JULY 1952

2022 JUN 10 AM 9:10

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