

L19 000177949

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

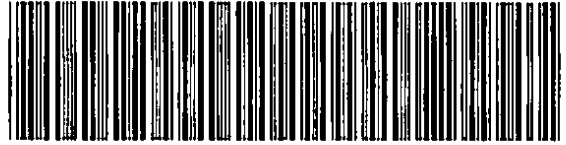
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04/26/22--01036--025 **25.00

FILED
2022 APR 26 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FL 323

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EssyBella Healing Partners 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:

Esther C Obiukwu

Name of Person

Firm/Company

608 East Tropical Trace

Address

Saint Johns Florida 32259

City/State and Zip Code

esthercom@att.net

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

For further information concerning this matter, please call:

Esther C Obiukwu

904

8323635

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**

FILED
2022 APR 26 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EssyBella Healing Partners 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 July 10, 2019 and assigned
Florida document number L19000177949.

This amendment is submitted to amend the following:

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

EssyBella Technology Services 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:

608 East Tropical Trace

(Principal office address MUST BE A STREET ADDRESS)

Saint Johns Florida 32259

Enter new mailing address, if applicable:

608 East Tropical Trace

(Mailing address MAY BE A POST OFFICE BOX)

Saint Johns Florida 32259

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:

Enter Florida street address

City, **Florida**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Christopher C Obiukwu		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. What is the purpose of the study?

2. What are the research questions or hypotheses?

3. What is the study design?

4. What are the variables?

5. What are the results?

6. What are the conclusions?

7. What are the limitations?

8. What are the implications?

9. What are the strengths?

10. What are the weaknesses?

11. What are the contributions?

12. What are the future directions?

13. What are the ethical considerations?

14. What are the funding sources?

15. What are the conflicts of interest?

16. What are the acknowledgments?

17. What are the references?

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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 April 25, 2022

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Signature of a member or authorized representative of a member

Esther .C. Obiukwu

Typed or printed name of signee

Filing Fee: \$25.00