## L20000018785

(Requ	iestor's Name)	1
(Addr	ess)	
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PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	iment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	<u> </u>
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## **COVER LETTER**

TO: · Registration Section

Division of Cor	porations	·	a.
	ial Travel Planner, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandra King McCall		
		Name of Person	
	A Healing Journey, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>
	1771 Anna Catherine Driv	e	
		Address	
	Orlando, FL 32828		
		City/State and Zip Code	<del></del>
	411Healing@gmail.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	all:	
Sandra King McCall		321 9451908 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations
i ananassee, i	- Land 1 T	Tallahassee, FL	

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: The Essent	ial Travel Planner, LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandra King McCall		
		Name of Person	
	Towards Healing, LLC		
		Firm/Company	<del> </del>
	1771 Anna Catherine Driv	10	
	1771 Anna Camerine Driv	Address	
	Orlando, FL 32828	City/State and Zip Code	
	towardshealingllc@gmail.c	•	
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Sandra King McCall		at (321 ) 945.1908	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Essential Travel Planner, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000018785		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Towards Healing, LLC	,	6-3)
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	LL.C."
Enter new principal offices address, if applicable:		7023 FEB 2-1
(Principal office address MUST BE A STREET ADDRESS)		B
		m
Enter new mailing address, if applicable:	- <del></del>	-00 — —
(Mailing address MAY BE A POST OFFICE BOX)		1
	-	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of	the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered regent.		
New Registered Office Address:	Enter Florida street address	<u></u>
	Planida	
	, Florida	lip Code
New Registered Agent's Signature, if changing Registered Agent:		
——————————————————————————————————————	ee to act in this capacity. I further agree (	to comply with the

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 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
			□ Add
			□Remove
			Change
	<del></del>	<del></del>	□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:	
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.) Purs ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirements.	
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ocument's effective date on the Department of State's records.	uant to 605.0207 not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 900 is filed.	ı day after the
ated February 14 2023  Mide A Millale	
Signature of a member or authorized representative of a member	



February 3, 2023

SANDRA KING MCCALL 1771 ANNA CATHERINE DRIVE ORLANDO, FL 32828 US

SUBJECT: THE ESSENTIAL TRAVEL PLANNER, LLC

Ref. Number: L20000018785

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000269688.

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.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 523A00002690

