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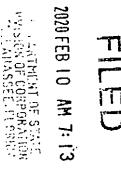
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MAR 0 5 2020 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: Advance Holistic Planning Societions Lic 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:
Ana M. Veliz Name of Person
Firm/Company
2655 S. Le Jeune Rd. PHZA
Coral Gables, Fl 33134 City/State and Zip Code A VELIZ C VELIZ LAW, Coy E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 250 9917 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ADVANCE HOLISTIC PLAnning Solutions Lice

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	y were filed on	30/2020 and assigned
Florida document number <u>L2 00000 3046</u> 7	·	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Advanced & Holistic Pla. The new name must be distinguishable and contain the words "Limited Liab	nning Soluti	ions LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	tion "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		020
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address an our record	e anter the name of the new registered
agent and/or the new registered office address here:	audress on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		 	□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

f an et Note:	tive date, if other than the date of filing:
record is f	rd 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 iled.
Date d	February 4 . ZoZo Signature of a member or authorized representative of a member
	- 1/27. Vel
	Signature of a member or authorized representative of a member
	Ang M. VELIZ Typed or printed name of signer