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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

MINDFUL WINTER GARDEN LLC SUBJECT: -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: CALENA ILLAN Name of Person Firm/Company 15331 STARLEIGH RD. Address WINTER GARDEN FL,34787 City/State and Zip Code MINDFULWINTERGARDEN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CALENA ILLAN 3197352 Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1201/11/17 1/1/2/29

MINDFUL WINTER GARDEN 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 Compar		0 and assigned
Florida document number 1.20000195607	iy were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records	
New Registered Office Address:		
	Enter Florida strec	t address
		Florida
Non-Barina de Al-Giron de Signa de Al-	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my du s provided for in Chapte.	ties, and I am familiar with and r 605, F.S. Or, if this document is
If Ch	onging Registered Agent Sig	nature 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 4-44A 17 P 129	Type of Action
MGR	CATHERINE LOVERA	15331 STARLEIGH RD WINTER GARDEN RD	
		WINTER GARDEN FL 34787	Remove
			□Change
MGR C	CALENA ILLAN	15331 STARLEIGH RD WINTER GARDEN RD	= Add
		WINTER GARDEN FL 34787	□Remove
			🗆 Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Chama.

	17 Part 29
	C (a)2.29
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of a ote: If the date inserted in this block does not meet the applicable status ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12: Lis filed.	:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 14 2020	
ated	
)_

Filing Fee: \$25.00

Typed or printed name of signee