

L200000268898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

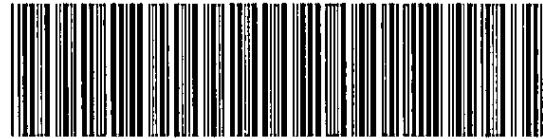
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200352062322

09/17/20--01007--007 **25.00

FILED
2020 SEP 17 PM 5:59
TALLAHASSEE, FL

D. BRUCE
OCT 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holistic Wellness Home Health Care 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:

Karen Galcas

Name of Person

Holistic Wellness Home Health Care LLC

Firm/Company

16201 SW 95th Ave Suite #305

Address

Miami, FL 33157

City/State and Zip Code

nayelligalcas@hotmail.com

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

For further information concerning this matter, please call:

Karen Galcas

305 815-8409
at ()

Name of Person

Area Code

Daytime Telephone Number

2020 SEP 17 PM 5:59
TALLAHASSEE FL

FILED

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**

Holistic Wellness Home Health Care 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 8/28/2020 and assigned
Florida document number L20000268898.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, Florida _____
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.

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 | Karen Galeas | 16201 SW 95th Ave Suite #305 | <input type="checkbox"/> Add |
| | | Miami, FL 33157 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Karen Galeas | 16201 SW 95th Ave Suite #305 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33157 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kensy Galeas | 16201 SW 95th Ave Suite #305 | <input type="checkbox"/> Add |
| | | Miami, FL 33157 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Kensy Galeas | 16201 SW 95th Ave Suite #305 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33157 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Emiccla Salgado | 16201 SW 95th Ave Suite #305 | <input type="checkbox"/> Add |
| | | Miami, FL 33157 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Emiccla Salgado | 16201 SW 95th Ave Suite #305 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33157 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

RECEIVED
2020 SEP 17 PM 5:59
TALLAHASSEE, FL


2020 SEP 7 PM 5:59
SECURITY OF LIFE
TALLAI ASSET, IL

100

SECRETARY OF THE
TALLAHASSEE

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee