

L21000020904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

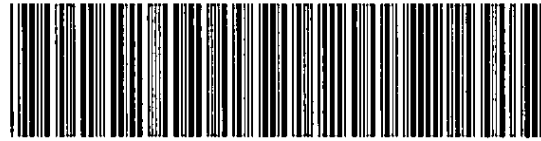
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Requesting name
change *

Office Use Only



900363979759

N/C amendment

04/19/21--01022--005 **35.00

2021 AUG 10 PM 12:34
SECRETARY OF STATE
DIVISION OF CORPORATIONS
& BUSINESSES

FILED

AUG 11 2021
A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2021

VIVIAN CANDINA
9173 SW 167TH CT
MIAMI, FL 33196

SUBJECT: HEALING LIFE MENTAL HEALTH LLC
Ref. Number: L21000020904

We have received your document for HEALING LIFE MENTAL HEALTH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews
OPS

Letter Number: 521A00016990



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 29 PM 4:56

June 4, 2021

VIVIAN CANDINA
9173 SW 167TH CT
MIAMI, FL 33196

SUBJECT: HEALING LIFE MENTAL HEALTH LLC
Ref. Number: L21000020904

We have received your document for HEALING LIFE MENTAL HEALTH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Tekayla T Matthews,
OPS

Letter Number: 921A00012235

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change Company name
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:

Vivian Cardina
Name of Person

Healing Life Mental Health, LLC
Firm/Company

9170 SW 167th Ct
Address

Miami FL 33196
City/State and Zip Code

healinglifeseniorcare@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Cardina at (786) 543-9693
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)

Vol ready paid \$35.00

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

2021 AUG 10 PM 12 34

Healing Life Mental Health LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/05/2021 and assigned
Florida document number L71000020904.

This amendment is submitted to amend the following:

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

Healing Life Senior Care, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9173 SW 16TH CT
Miami, FL 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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.

[Signature]
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

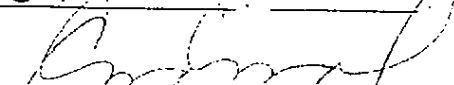
AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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.

Dated 8-10-21


Signature of a member or authorized representative of a member

Vivian Cardina
Typed or printed name of signer