## L21000117995

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Michael Himes

Mhimes28@gmail.com

843-813-3405

2430 Little Eagle LN SW

Vero Beach, FL 32962

Housing for Healers, LLC

Filed 04/12/21

Document #: L21000167995

1. Changing name to Aruka Salve, LLC.

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: H	OUSING For HEA	LBAS LLC		
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	endence concerning this matter to	o the following:		
	MicHAE	L 1. Himes Name of Person		
		Name of Person		
	Housing )	Firm/Company	UC	
		Firm/Company		
	2430 (1774	E BAGLE IN SU Address	W	
		Address		<del></del>
	VEDO BRAC	H FI 3296	2.	
		H FL 3296. City/State and Zip Code		
	Mhines 286 E-mail address: (to	gnail. Lom obe used for future annual r	eport noti	fication)
For further information of	oncerning this matter, please ca			
MICHAEL	- 1. Himes	at (843)	8/3	3405
Name o	of Person	Area Code	Daytim	e Telephone Number
Enclosed is a check for t	-			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Ad	_	uni a un
Registration Division of O		Registra Division		ection rporations
P.O. Box 632	-			Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUSING FOR HEALER	s, lic
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000167995</u> .	were filed on $04/12/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
ARUKA SALVE, LIC	
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)	2023
	2023 JA T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u>-</u>	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registere
agent and the new registered office address tere.	
Name of New Registered Agent:	
New Registered Office Address:	
The Registered Office (1999-55).	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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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			Remove
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It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: 01/07/2023 (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
ord is file	
Dated _	JANUARY 7TH  2023  Signification of a member or authorized representative of a member  MicHael 1. Himes  Typed or printed name of signee
	All A PAC
	Signature of a member or authorized representative of a member
	MicHarle 1. HIMES
	Typed or printed name of signee