L21000187333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
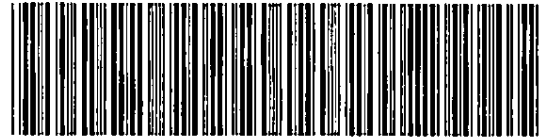
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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2021 SEP -1 PM 8: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OFFICE

SEP 10 2021

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: _____Healing Tingz 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:

_____Kiarra Davis_____
Name of Person

_____Healing Tingz LLC_____
Firm/Company

_____9221 Hilltop Meadow Loop APT101_____
Address

_____Tampa FL 33610_____
City/State and Zip Code

_____healingtingzLLC@gmail.com_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____Kiarra Davis_____ at (_813_) _327 0047_
Name of Person   Area Code   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 &
                                                 (additional copy is enclosed) Certified Copy
                                                                                 (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HEALING TINGZ 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 04/22/2021 _____ and assigned

Florida document number L21000187333 _____.

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =   Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Khiarra Davis		☑ Add
			☐ Remove
			☐ Change
P.	Khiarra Davis		☑ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

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_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)
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.

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.

Dated _____August 7_____ , _2021_

_____
Signature of a member or authorized representative of a member

_____Kiarra Davis_____
Typed or printed name of signee

Filing Fee: $25.00