

h22000264665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

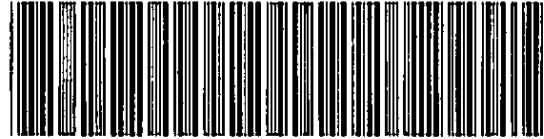
(Business Entity Name)

(Document Number)

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2022 AUG -4 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healing Souls Therapy, 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:

Romy Rodriguez

Name of Person

Healing Souls Therapy, LLC

Firm/Company

8350 NW 52nd Terrace, Ste 301

Address

Mia MI, FL 33166

City/State and Zip Code

healingsouls85@gmail.com

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

For further information concerning this matter, please call:

Romy Rodriguez

Name of Person

at (786)

Area Code

241-7695

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)

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

Healing Souls Therapy, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 AUG -4 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on

6/9/22

and assigned

Florida document number

122000264605

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)

8200 NW 41st St, Ste 200
DORAL FL, 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8200 NW 41st, Ste 200
DORAL FL, 33166

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:

Romy Rodriguez
8200 NW 41st, Ste 200

Enter Florida street address

DORAL, Florida 33166
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.

Romy Rodriguez
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	Romy Rodriguez	8200 NW 41st, Ste 200	<input type="checkbox"/> Add
		DORA FI, 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 AUG -4 PM 11:31
STAFF ASSIGNED
STAFF ASSIGNED

2022 AUG -4 PM 1:31
STANTON, JEFFREY L
TALLAHASSEE, FL

77-1000

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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 JULY 30th, 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Romy Rodriguez
Typed or printed name of signer

Typed or printed name of signee