

L22 000 361 701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

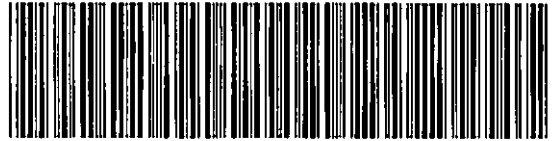
(Business Entity Name)

(Document Number)

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10/18/22--01018--003 \*\$25.00

FILED  
10/18/22 AM 9:12  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT

TO: PHYSICAL: Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING: Dept. of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.  
1450 Vassar St  
Reno NV 89502  
(800) 638-2320  
(775) 329-0852

DATE: Monday, October 10, 2022

*SENT VIA USPS*

RECEIVED  
77 OCT 18 AM 9:12  
DEPT. OF STATE  
TALLAHASSEE, FL

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment  
For CALMING TIDES THERAPY, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of Amendment to Articles  
of Organization to the address below:**

Processing Department  
1450 Vassar St  
Reno NV 89502

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CALMING TIDES 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:

**Corporate Maintenance Lead**

Name of Person

**Processing Department**

Firm/Company

**1450 Vassar St**

Address

**Reno, NV 89502**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Processing Department**

Name of Person

at (800) 638-2320

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
TALLAHASSEE, FL  
JAN 18 AM 9:12

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CALMING TIDES THERAPY, 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 08/17/22 and assigned  
Florida document number 08/17/22

L22 000 361 701  
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>
<u>MGR</u>	<u>HABIBI FELICIA FELICIANO PEREZ</u>	<u>2010 Needle Palm Dr</u>	<input type="checkbox"/> Add
		<u>Edgewater</u>	<input type="checkbox"/> Remove
		<u>FL, 32141</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Habibi Feliciano Pérez</u>	<u>2010 Needle Palm Dr</u>	<input type="checkbox"/> Add
		<u>Edgewater</u>	<input type="checkbox"/> Remove
		<u>FL, 32141</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

7-22-2018  
STATE  
AMBR  
9:12 AM  
D

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

REC'D  
2000 OCT 18 AM 9:12  
FLORIDA STATE  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** N/A (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 October 10<sup>th</sup>, 2022

Signature of a member or authorized representative of a member

**Habibi Feliciano Pérez**

Typed or printed name of signee