

L23000128537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

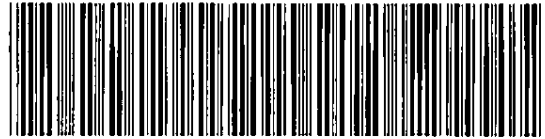
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300414795093

08/29/23--01008--024 **25.00

2023 AUG 29 AM 9:58

A. PARISHANI

SEP 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Florida Healing Haven 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:

Maleachika Lawton

Name of Person

Florida Healing Haven LLC

Firm/Company

2803 Anthony St #B

Address

Tampa FL 33619

City/State and Zip Code

Minnie dmp@gmail.com

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

For further information concerning this matter, please call:

Maleachika Lawton

Name of Person

at (813)

Area Code

343 1883

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

2023 AUG 29 AM 9:58

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

Florida Healing Haven 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 3/13/2023 and assigned
Florida document number L23000128537

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)

2803 Anthony St #B
Tampa FL, 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2803 Anthony St #B
Tampa FL, 33619

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:

Malachika Lawton

New Registered Office Address:

2803 Anthony St #B

Enter Florida street address

Tampa

City

Florida

33619

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>
AMBR	Cranstan Cumberbatch	2622 Fairfield Ave St Pete Fl, 33712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Chelsie Cumes	2803 Anthony St tampa fl 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Iehua'ani Lawton-Kivisa	2803 Anthony St tampa fl 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Maleachika Lawton	2803 Anthony St #B tampa fl 33619	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			2021 JUN 25 <input type="checkbox"/> Add <input type="checkbox"/> Remove AM 9:58 <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

the manager "Mika Lawton"
is "Maleachika Lawton" that is
the abbreviated spelling I go by.
I am the current acting CEO/
Gen. Manager.

I was unable to open a
business bank account due to
the abbreviation and was told
to amend it with my
proper full name. (Please update)
if any issues or questions please
contact. - thanks

2023 AUG 29 AM 9:58


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 08/23/23 . —


Signature of a member or authorized representative of a member

Maleachika Lawton
Typed or printed name of signee