

124 000079766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

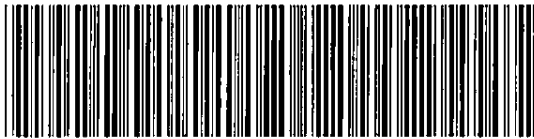
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100424623731

02/29/24--01018--002 **25.00

3/14/24
KH

2024 FEB 29 PM 10:20
STATE
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HABERLE WELLNESS CONSULTING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK HABERLE

Name of Person

Owner/Company

6902 DOWNSOOD LN

Address

LAKE WORTH, FL 33462

City/State and Zip Code

FRANKHABERLE426@GMAIL.COM

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

For further information concerning this matter, please call:

FRANK HABERLE

732

406-1100

Name of Person

at

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Change

☐ \$55.00 Filing Fee &
Certificate of Change
(additional copy is \$5.00)

☐ \$60.00 Filing Fee &
Certificate of Change &
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

2024 FEB 29 1:10:20

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

HABERLE WELLNESS CONSULTING 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 02/14/2024 and assigned Florida document number 131000079766.

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:

FRANK HABERLE

New Registered Office Address:

6292 DOGWOOD LN

Enter Florida street address

LAKE WORTH

City

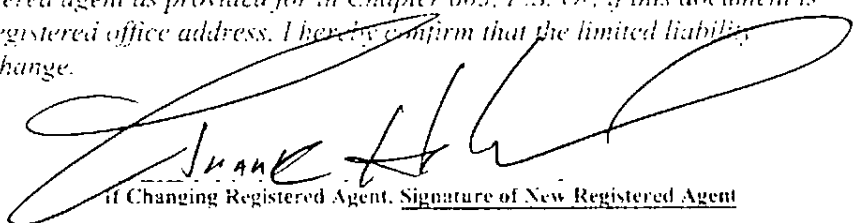
Florida

33462

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

Title	Name	Address	Type of Action
MGR	COLLEEN HABERLE	6292 DOGWOOD LN	☐ Add
		LAKE WORTH, FL 33462	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 FEB 29 10:40 AM
BOSTON
FEB 29 10:40 AM
FEB 29 10:40 AM

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

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

$$z/z \checkmark$$

2024

2024
Signature of a member or authorized representative of a member

FRANK HABERLE

Typed or printed name of signee

Filing Fee: \$25.00