

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700430290507

05/24/24--01008--009 **30.00

2024 HAY 24 AM 4: 46

FILED

COVER LETTER

TO:

	ration Sec on of Corp			
		ALING TRANSTORMATIO	N LLC	
SUBJECT:	<u> </u>		ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		BETTY HART		
			Name of Person	
		HARTS HEALING TRAN	ISTORMATION LLC	
			Firm/Company	····
		8680 BAYMEADOWS RI	DE #1025	
			Address	
		JACKSONVILLE FL 322:	56	
			City/State and Zip Code	·
		STAR77.BH@GMAIL.CO		
For further info	rmation co	ncerning this matter, please ca	to be used for future annual report	notification)
BETTY HART			407 720-1095	5
	Name of	Person		rtime Telephone Number
Enclosed is a ch	neck for the	e following amount:		
□ \$25.00 Fili	ng Fcc	■ \$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)
	g Address tration So	-	Street Address Registration	
_		orporations	Division of (
P.O. 1	Box 6327	, •	The Centre of	of Tallahassee
Tallal	hassee, F	L 32314	2415 N. Mor	rroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARTS HEALING TRANSTORMATION LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 4/26/2024	and assigned
lorida document number L24000197424		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
IARTS WHOLISTIC HEALING LLC		
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		024 7.0
· · · · · · · · · · · · · · · · · · ·		= = 1
		2 7
man man madding addrawa if and in the		ASSS A
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		5
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Address	Type of Action
			□Add
		 .	□Remove
			□Add
			□Remove
			□Add
			Remove
		<u>/</u>	
	_ 	/	□Add
		 	□Remove
			□Add
			□Remove
			Change
	/		
			□Remove
/			Change

		
<u> </u>		
ote: If the date inserted in	an the date of filing:	ptional) fter filing.) Pursuant to 605.020 this date will not be listed as
is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of	: (b) The 90th day after the
MAY 16	2024	
	·	
//	Signature of a member or authorized representative of a member	

D.

Filing Fee: \$25.00