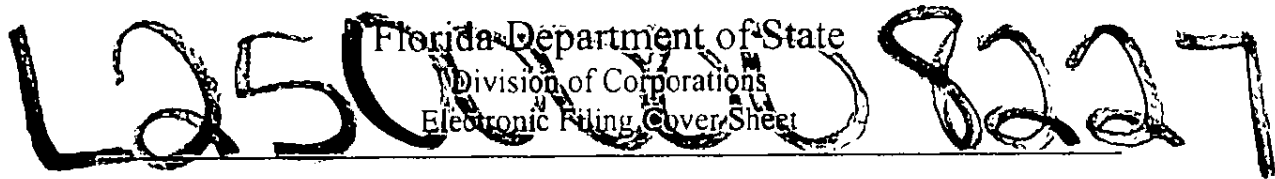


1/23/25, 4:34 PM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000027550 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PS KIS LLC  
Account Number : I20240000110  
Phone : (407)707-4914  
Fax Number : (407)337-8957

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: contact@kisconsult.com

RECEIVED  
JAN 24 PM 2:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE HEALING PLACE FL LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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TALLAHASSEE, FLORIDA

## COVER LETTER

((H25000027550 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE HEALING PLACE FL 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:

Marcus Paulo L Segnini

\_\_\_\_\_  
Name of Person

PS KIS LLC

\_\_\_\_\_  
Firm/Company

5401 S KIRKMAN RD STE 560

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

contact@kiconsult.com

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

For further information concerning this matter, please call:

Marcus Paulo L Segnini

407

707-4914

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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((H25000027550 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HEALING PLACE FL 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 01/06/2025 and assigned Florida document number L2500008227.

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:

911 N Orange Ave APT 415

(Principal office address **MUST BE A STREET ADDRESS**)

Orlando, FL 32801

Enter new mailing address, if applicable:

911 N Orange Ave APT 415

(Mailing address **MAY BE A POST OFFICE BOX**)

Orlando, FL 32801

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:

PS KIS LLC

New Registered Office Address:

6526 OLD BRICK RD #120-238

Enter Florida street address

WINDERMERE

Florida 34786

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.

*Marcus Paulo Leitao Segnini*

If Changing Registered Agent, Signature of New Registered Agent

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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         | ERIKA F GUIRADO MILLEN | 5347 LAKE JESSAMINE DR   | <input type="checkbox"/> Add               |
|              |                        | ORLANDO, FL 32839        | <input checked="" type="checkbox"/> Remove |
|              |                        |                          | <input type="checkbox"/> Change            |
| AMBR         | DGEG HOLDING USA LLC   | 11456 CLAYMONT CIRCLE    | <input checked="" type="checkbox"/> Add    |
|              |                        | WINDERMERE, FL 34786     | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
| AMBR         | RENATO BRAGA           | 911 N Orange Ave APT 415 | <input type="checkbox"/> Add               |
|              |                        | Orlando, FL 32801        | <input type="checkbox"/> Remove            |
|              |                        |                          | <input checked="" 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            |

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

I'D LIKE TO REMOVE ERIKA F GUIRADO MILLEN AS MEMBER OF THE COMPANY

AND ADD DGEG HOLDING USA LLC AS NEW MEMBER OF THE COMPANY.

I WOULD ALSO LIKE TO UPDATE THE BUSINESS ADDRESS AND THE PERSONAL ADDRESS

OF THE MEMBER, RENATO BRAGA.

**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 January 17th, 2025

*Renato Braga*

Signature of a member or authorized representative of a member

RENATO BRAGA

Typed or printed name of signer

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