

M080000002340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

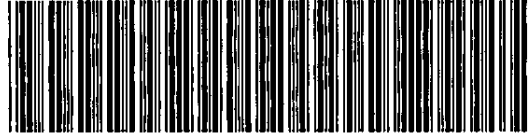
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000278593880

10/30/15--01030--009 **25.00

RECEIVED
2016 JAN 21 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Early to Rise, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katelyn Sigler
Name of Person

14 W Administrative Services, LLC
Firm/Company

14 W. Mt. Vernon Place
Address

Baltimore, MD 21201
City/State and Zip Code

DBruth@agoraweb.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katelyn Sigler at (301) 988-2521
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2015

KATELYN SIGLER
14 W ADMINISTRATIVE SERVICES, LLC
14 W MT VERNON PLACE
BALTIMORE, MD 21201

SUBJECT: EARLY TO RISE, LLC
Ref. Number: M08000002340

RECEIVED
2016 JAN 21 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EARLY TO RISE, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 215A00023150

RECEIVED
2016 JAN 21 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Early to Rise, LLC

Enter new principal office 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)**

2. The Florida document number of this limited liability company is: MD8000002340

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 05/16/2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: The Institute For Natural Healing LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Katelyn Sigler
Signature of the authorized representative

Katelyn Sigler
Typed or printed name of signee

Filing Fee: \$25.00

2015 JAN 21 AM 11:25
CLERK OF COURT
JANUARY 21 2015
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT
for a Limited Liability Company

(1) Early to Rise, LLC

Insert full name of the Limited Liability Company (LLC).

(2) The Charter of the Limited Liability Company is hereby amended as follows:

The name of Early to Rise, LLC is amended to The Institute for Natural Healing, LLC

CUST ID:0003018760
WORK ORDER:0004235340
DATE:12-19-2013 10:19 AM
AMT. PAID:\$150.00

(3) 

I hereby consent to serve as Resident Agent
for the above named Limited Liability Company.

Signature of Authorized Person(s)

Signature required only for new resident agents

Revised 8/05


INSTRUCTIONS: Limited Liability Company Articles of Amendment must be approved by the unanimous Consent of the members, signed by an authorized person, and filed with the Department of Assessments and Taxation at 301 W. Preston Street, 8th Floor, and Baltimore, Maryland 21201. The Articles do not have to recite the approval of the members.

The above form may be used or a document may be created based on the above format. The filing fee for this document is \$100, however other fees may apply for related services from the Corporate Charter Division.

STATE OF MARYLAND

I hereby certify that this is a true and complete copy of the
page document on file in this office. DATED: 1-20-2016

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION:

BY: , Custodian

This stamp replaces our previous certification system. Effective: 6/95

CORPORATE CHARTER APPROVAL SHEET
**** EXPEDITED SERVICE** ** KEEP WITH DOCUMENT ****

DOCUMENT CODE 41A BUSINESS CODE _____

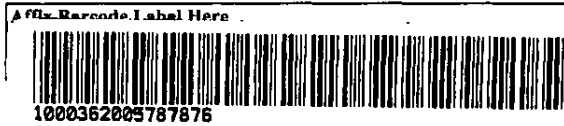
W10250520

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____



Affix Barcode Label Here
ID # W10250520 ACK # 1000362005787876
PAGES: 0002
THE INSTITUTE FOR NATURAL HEALING, LLC

12/19/2013 AT 10:19 A WO # 0004235340

New Name The Institute for
Natural Healing, LLC

FEES REMITTED

Base Fee: 100
Org. & Cap. Fee: _____
Expedite Fee: 50
Penalty: _____
State Recordation Tax: _____
State Transfer Tax: _____
Certified Copies _____
Copy Fee: _____
Certificates _____
Certificate of Status Fee: _____
Personal Property Filings: _____
Mail Processing Fee: _____
Other: _____

TOTAL FEES: 150

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent
_____ and Resident Agent's Address
_____ Change of Business Code
_____ Adoption of Assumed Name
_____ Other Change(s)

Credit Card _____ Check ☒ Cash _____

_____ Documents on _____ Checks

Approved By: 16

Keyed By: _____

COMMENT(S):

Code _____
Attention: X Katelyn Sigler
Mail: Name and Address

14. W. Mt. Vernon Pl

Baltimore, MD 21201

Stamp Work Order and Customer Number HERE

CUST ID: 0003018760
WORK ORDER: 0004235340
DATE: 12-19-2013 10:19 AM
AMT. PAID: \$150.00