

LOB 000015000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

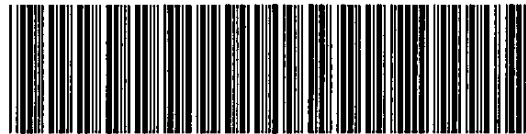
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LOB-15000  
a

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BODY REGENERATION CLINIC, 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:

LUCRETZIA D. BIDDLE  
(Name of Person)

BODY REGENERATION, LLC  
(Firm/Company)

3824 PARAPET DRIVE  
(Address)

COCOA, FL 32926  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Lou Biddle at ( 321 ) 537-4308  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BODY REGENERATION CLINIC, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 02-02-2006 and assigned  
document number L06000015000.

SECOND: This amendment is submitted to amend the following:

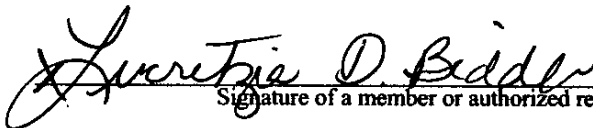
Please Change Limited Liability Company Name to read:

BODY REGENERATION, LLC

Please Change Principal Address to:

310 BRUSON Blvd, Suite 105  
Cocoa, FL 32922

Dated September 5, 2006.



Signature of a member or authorized representative of a member

Lucretzia D. Biddle, MGR

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00