# L12000003336

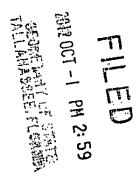
(Requestor's Name)				
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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10/01/12--01030--003 \*\*25.00



J. BRYAN

OCT - 2 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration : Division of Co	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fce(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	VANISAN AMINI
	Name of Person
	BODYLIFEMD LLC
	Firm/Company
	701 S. DLIVE AVE. A 1617
	Address
	MEST PALM BEACH, FL 33401 5 5
	Address  MEST PALM BEACH, FL 33401  City/State and Zip Code  VANDANC BODYLIFE MD. COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:
For further information	concerning this matter, please call:
VANDA	
Name	of Person at (Co) 323-1517  Area Code & Daytime Telephone Number
Enclosed is a check for \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status
	(additional copy is enclosed) 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**

# BodyLifeMD LLC

BodyLife	MD LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our	records.)	
(11101111111111111111111111111111111111		/09/2012	
The Articles of Organization for this Limited Liability Company			
Florida document number .		學(2)	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	·	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	400 Executive Center Dr. Ste. 203		
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401		
Enter new mailing address, if applicable:	701 S. Olive Ave. #	<del>‡</del> 1617	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33401		
maining address MAT BE AT OST OFFICE BOX)	TTCSCT AITT DCAOTI,	1 6 00401	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> Address Type of Action **MGRM** Vandan Amin 701 S. Olive Ave. #1617 West Palm Beach, FL 33401 ☐ Remove MGR Poonam Hooda 701 S. Olive Ave. #1617 West Palm Beach, FL-33401 □ Remove □ □ move D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ September 26 Signature of a member or authorized representative of a member VANDAN Typed Viamidiathn Ampiri signee

Page 2 of 2

Filing Fee: \$25.00