# L 300/08760

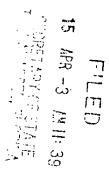
. (Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 20, 2015

WALD, CASTILLO & WALD, P.A. 9990 SW 77TH AVE SUITE 220 MIAMI, FL 33158-2618 US

SUBJECT: SUR CONNECT, LLC Ref. Number: L13000108760

We have received your document for SUR CONNECT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration Section.

Letter Number: 015A00007886

Thank you very much.

Ottached is the signature page

James Bregart

305-662-122

Administrative Asst.

www.sunbiz.org

# **COVER LETTER**

TO:	Registration Se Division of Cor		•			
CI ID II	eca.	Sur C	onnect, LLC			
SUBJI	EC1:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Name of Person			
		Wald, Castillo & Wa				
	Firm/Company					
		9990 SW 77th Ave., Suite 220  Address				
	- T					
		admin@waldcastillo.	City/State and Zip Code	3 L	i	
		_	to be used for future annual report notif	ication)	į	
For fur	ther information c	concerning this matter, please c	all:	ication)		
Dennis E. Wald, Esq.		sq.	305 662-1212	, a 100 m		
	Name o	f Person		Telephone Number		
Enclos	ed is a check for tl	he following amount:				
\$2.	5.00 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)		
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:		

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sur Connect, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Florida document number L13000108760	Company were filed on August 1, 201	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Mindful World, LLC		
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC	"or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)	
		<u> </u>
		그 공 그
Inter new mailing address, if applicable:		- 3 to 5
Mailing address MAY BE A POST OFFICE BOX)		1.15 a D
		्रम ७
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** Address **Title** Name 2645 Executive Park Drive Maria Clara Caballero Arist MGRM ■ Add Suite 638 □ Remove Weston, FL 33331 \_\_ 🗆 Add ☐ Remove ☐ Add \_\_\_ □ Rēmove Remove □ Add ☐ Remove □ Add ☐ Remove

b) Registered agent address change:	
9990 SW 77th Ave, Suite 220	
Miami, FL 33156-2618	
liective date, if other than the date of filing:	(optional)
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)	or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to date of receip the date this document is filed by the Florida Department of State)  March 30 2015	or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to date of receip the date this document is filed by the Florida Department of State)	or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)  Oated  March 30 2015	(optional) or filed date and cannot be more than 90 days after  . authorized representative of a member
the effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)  March 30 2015	or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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