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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| SUBJECT:                    | Name of Lin  | nited Liability Company                  | <del></del>  |  |
| The enclosed Articles of    | Amendment and fee(s) are sub   | omitted for filing.                      |  |  |
| Please return all correspo  | ondence concerning this matter   | to the following:                        |  |  |
|                             | Martha Doniaz  |  |  |  |
|                             | Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:    Martha Doniaz   |  |  |  |
|                             | Dream With Me  |  |  |  |
|                             |  | Firm/Company                             | · <u>·</u>   |  |
|                             | Name of Limited Liability Company  assed Articles of Amendment and fee(s) are submitted for filing.  Surm all correspondence concerning this matter to the following:  Martha Doniaz  Name of Person  Dream With Me  Firm/Company  3600 14th Street North  Address  Naples FI 34103  City/State and Zip Code  mdoniaz@gmail.com  E-mail address: (to be used for future annual report notific er information concerning this matter, please call:  Doniaz  Name of Person  Area Code  Daytime  Sis a check for the following amount:  O Filing Fee  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations |  |  |  |
|                             |  | Address                                  | <del> </del>   |  |
|                             | Naples Fl 34103  |  |  |  |
|                             | mdoniaz@gmail.com  | City/State and Zip Code                  |  |  |
|                             | E-mail address: (  | to be used for future annual report noti | fication)  |  |
| For further information c   | oncerning this matter, please c  | all:                                     |  |  |
| Martha Doniaz               |  |  |  |  |
| Name o                      | f Person   | Area Code Daytim                         | e Telephone Number   |  |
| Enclosed is a check for the | ne following amount:   |  |  |  |
| □ \$25.00 Filing Fee        | ■ \$30.00 Filing Fee & Certificate of Status   | Certified Copy                           | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|                             | <del></del>  |  | ation  |  |
| <del>-</del>                |  | Division of Corporations                 |  |  |
| P.O. Box 6327               |  | The Centre of Tallahassee                |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

` TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

## TO ARTICLES OF ORGANIZATION OF

DREAM WITH ME... 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 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Transform Mind and Body LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

## 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

Enter Florida street address

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                                | Type of Action                    |
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