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SECRETARY OF STATE (ALLAHASSEE, FLORID)

OCI -6 2015 K. SALY K. SALY

COVER LETTER

Division of Cor	porations		
SUBJECT: SOLUTION	N PROPERTIES, LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LONNY MEAD		
	.	Name of Person	
	SOLUTION PROPERTIES	S, LLC	
		Firm/Company	
	2809 E. JACKSON STRE	ET	
		Address	
	ORLANDO, FL 32803		
		City/State and Zip Code	
	lonny.mead@presentationg	_	
	E-mail address: (1	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Lonny Mead		321 961-1001	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

FILED

2015 OCT -5 PH 2:50

TALLAHASSEE, FLORIOR

SOLUTION PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	re filed on	_ and assigned
Florida document number L04000023386		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
MIND BODY & SOUL RECOVERY I, LLC		
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the abbre	viation "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	e address on our records, enter the	o name of the new
registered agent and/or the new registered office address here:		e name of the new
<u>Name of New Registered Agent:</u>		e name of the new
Name of New Registered Agent:		e name of the new
	Enter Florida street address	
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address, Florida	
Name of New Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	PATRICK C. CROWELL	4853 S. ORANGE AVE. SUITE B	■ Add
		ORLANDO, FL 32806	☐ Remove
			Change
MGRM	JOHN W. FOSTER	200 S. ORANGE AVE., Ste. 2300	■ Add
		ORLANDO. FL 32801	☐ Remove
			Change
			Add
			D. DE move
			Charige Charge SSEE PLOBER 2:
			□ Change
			Add
			□ Remove
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lian ette <u>Note:</u>	ive date, if other than ective date is listed, the date If the date inserted in the ent's effective date on the	must be specific and car is block does not mee	nnot be prior to date of t the applicable stat	I tilling or more than 90	(optional) days after filing.) Pure tents, this date will	suant to 605.0207 (3 not be listed as th
	cord specifies a dela 90th day after the		e, but not an el	fective time, at	12:01 a.m. on t	the earlier of:
Dated .	9/25/	2015	2015			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00