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2012 JAN 25 AH II: 52 SECRETARY OF STATES

J. SAULSBERRY EXAMINER FEB 3 2012

## **COVER LETTER**

Division of Corporations			
SUBJECT: Body There Name of Limited	A.P.Y GROUP LLC Liability Company		
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.		
Please return all correspondence concerning this matter to t	the following:		
William Ders	ek Clark Name of Person		
Body Therapy	Group LLC Firm/Company		
1160 Lucerne L	cop Rd.	<del>4</del> :	
	Address	2012 SEC	
Winter Haven	FI. 33881	2012 JAN 25 SECRETARY ALLAHASSE	
	CS · Com		
For further information concerning this matter, please call:	e used for future aimbar report notification)	2012 JAN 25 AH LL; 52 SECRETARY OF STATE ALLAHASSEE, FLORIDA	e est
William Derek Clark Name of Person	at (863) Z87-6960 Area Code & Daytime Telephone Number	410-	
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &	
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

Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>Loyooooy552</u>	ompany were filed on <u>June 17, 200 4</u> and assigned 4.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SE TALL
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	25 AH LL: 52 SSEE. FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
N 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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 **Type of Action Title** Name | **Address** JAMES A. ZACCARI MGRM Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>Jan 83, 28</u> Signature of a member or authorized representative of a member

William D Clack

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00