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SECRETARY OF STATE

D. BRUCE

AUG 15 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Equissential Kneads Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Gretchen Johnson Name of Person |
| Equissential Kneads |
| P.O. Box 963 Address |
| Firm/Company P. O. Box 963 Address Soverto FL 32776 City/State and Zip Code 9 |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| Gretchen Johnson at (407) 341-1309 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified to Status & 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

| (Name of the Limited Liability Compan (A Florida Limited Li | Kneads | |
|---|---------------------------------|-----------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | ability Company) | <u>oras.</u>) |
| The Articles of Organization for this Limited Liability Company of Florida document number 10600000000000000000000000000000000000 | were filed on Ol/Olo/ | 2006 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| Balanced Performan The new name must be distinguishable and end with the words "Limit | ed Liability Company," the desi | gnation "LLC" or the abbreviation |
| L.L.C." Enter new principal offices address, if applicable: | NIA | Au - |
| (Principal office address MUST BE A STREET ADDRESS) | | > |
| Enter new mailing address, if applicable: | NA | TAY OF SIMILAR SSEE. FLOR |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>Ω</u> Ω Ω |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | , enter the name of the new |
| Name of New Registered Agent: | N(A | |
| New Registered Office Address: | NA Enter Florida s | street address |
| | | orida |
| | 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

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|--------------|----------------------------|---|-----------------------------------|
| If amondi | ng the Managers or Managi | ng Members on our records, enter the title, r | name, and address of each Manager |
| or Manag | ing Member being added or | removed from our records: | mine, and address of each Manager |
| MGR = M | lanager Managing Member | | |
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| D. If amending any other information, enter el | hange(s) here: (Attach additional sheets, if necessary.) |
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| Dated 08/10/11, | Jan 1 |
| 1 0 | ember or authorized representative of a member JOHNSON yped or printed name of signee |
| With her | ~. |
| Signature of a me | ember or authorized representative of a member |
| Grand | Tohusani |
| TICLEREY | yped or printed name of signee |

Page 2 of 2

Filing Fee: \$25.00