

L070VVU78694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

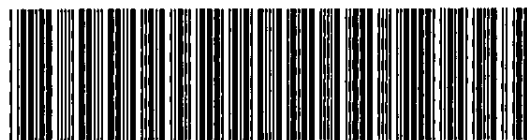
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B. KOHR
APR 16 2012
EXAMINER



300227859323

04/13/12--01029--024 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 13 PM 3:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Revision of LLC name from 'Nature Spirit LLC' to
Name of Limited Liability Company 'Nature Spirit Holistics LLC'

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathleen S. Miller

Name of Person

Nature Spirit LLC (adding Holistics to name)

Firm/Company

15912 Reeder St

Address

Overland Park, KS 66062

City/State and Zip Code

healinggallery@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathleen Miller

Name of Person

at 913-499-8514

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 13 PM 3:17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

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DIVISION OF CORPORATIONS
12 APR 13 PM 3:17

The Articles of Organization for this Limited Liability Company were filed on April 5 and assigned

Florida document number 75-3249181

FL DOC=607000078694

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Nature Spirit Holistics LLC

The new name must be distinguishable and end with 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)

808 Upland Rd
West Palm Beach, FL
33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15912 Leeder St
Overland Park, KS
66062

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:

Cathleen Miller

New Registered Office Address:

808 Upland Rd

Enter Florida street address

WPB

City

Florida

33401

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

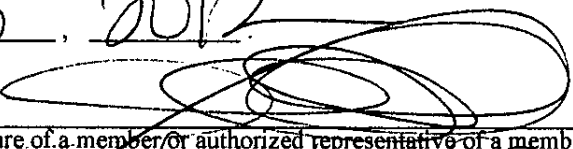
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Cathleen Miller	15912 Reeder St Overland Park, KS 66202	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 5, 2012



Signature of a member or authorized representative of a member
Cathleen S. Miller

Typed or printed name of signee