## 1000103906

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## **COVER LETTER**

TO: Registration Sect Division of Corpo		1 4	
	i i	Acupuncture ·	;
SUBJECT: In S	earch of One	eness LLC	
	Name of Limit	Acupuncture ** eness LLC ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	<b>~</b>	. i	
	Kyn	Name of Person	
	/	Name of Person	
		Firm/Company	
	<b>_</b>		
	PO	Box 859 Address	
		Address	
	Elfers, FL	34680	
		City/State and Zip Code	
	Tyanchu@ fir E-mail address: (to	City/State and Zip Code  - Oneness.com obe used for future annual report notificat	ion)
For further information con	cerning this matter, please ca	all:	
Rym C	w	at (727) 808 - 51  Area Code & Daytime To	829
/ Name of F	erson	Area Code & Daytime To	elephone 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

In Search of Chene	ess Acupuncture, LLC
(Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)
	,
The Articles of Organization for this Limited Liability Con	npany were filed on $10/12/07$ and assigned
Florida document number <u>L07000/03906</u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Happy & Sweet	LLC "Limited Liability Company," the designation "LLC" or the abbreviation
	"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 ADDRE	<u>SS)</u>
Enter new mailing address, if applicable:	· .
(Mailing address MAY BE A POST OFFICE BOX)	
Municipality DE 14 1 ONL OAK LOW BOTH	
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office addres	·
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	E
	City, Florida Zip Code
Name Banishanad Amanda Cianadana 18 handa Banishan Banishan	mic 💌 🚺
New Registered Agent's Signature, if changing Registered A	Sent:

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 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** <u>Title</u> **Name Address** ☐ Add Remove Add Remove ☐ Add ☐ Remove Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00