## L08000002667

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| ,                                       |
| (0) 10 11 12 (0)                        |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , ,                                     |
| (D.)                                    |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration So<br>Division of Con                       |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| SUBJECT: SOOTH   | HING EFFECTS, LLC                          |   |  |  |  |  |
| 30000011   | -  | ited Liability Company)   | <del></del>  |  |  |  |
|  |  |   |  |  |  |  |
| The enclosed Articles of                                     | Amendment and fee(s) are sub               | omitted for filing.   |  |  |  |  |
| Please return all correspo                                   | ondence concerning this matter             | to the following:   |  |  |  |  |
|  |  |   |  |  |  |  |
|  | JAMES N. BUSH                              |   |  |  |  |  |
|  |  | (Name of Person)  |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  | (Firm/Company)  |  |  |  |  |
| 4900 S.W. 64TH AVENUE  |  |   | <del></del>  |  |  |  |
|  |  | (Address)   |  |  |  |  |
| DAVIE, FLORIDA 33314   |  |   |  |  |  |  |
|  |  | (City/State and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call: |  |   |  |  |  |  |
| JAMES N. BUSH  |  | at ( 954 ) 792-0116   |  |  |  |  |
|  | of Person)                                 | (Area Code & Daytime  | Felephone 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:** 

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

SOOTHING EFFECTS, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 8, 2008 and assigned

This amendment is submitted to amend the following:

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

Florida document number \_Q0800002667

|        |                             |                         |                        |               |                 |         |               | _   |
|--------|-----------------------------|-------------------------|------------------------|---------------|-----------------|---------|---------------|-----|
| The n  | w name must be distinguisha | ble and end with the wo | rds "Limited Liability | Company," the | e designation " | LLC" or | the abbreviat | ion |
| "L.L.0 | •                           |                         |                        |               |                 |         |               |     |

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:

| <del></del>                    | (City)    | (Zip Code)            |
|--------------------------------|-----------|-----------------------|
|                                |           | . Florida             |
| Tow Registered Office Rudiess. | (Enter Fl | orida street address) |
| New Registered Office Address: |           |                       |
| Name of New Registered Agent:  |           |                       |

## 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = Ma    | anaging Member                                  |  |                          |
|--------------|---|--|--------------------------|
| <u>Title</u> | Name  | Address  | Type of Action           |
| MGRM         | CAREY SNYDER                                    | 7800 W. OAKLAND PARK BLVD.,<br>107-C<br>SUNRISE, FLORIDA 33351 | Add<br>Remove            |
| MGRM_        | KERRY SNYDER                                    | 7800 W. OAKLAND PARK BLVD.,<br>107-C<br>SUNRISE, FLORIDA 33351 | Add Remove               |
|              | <del></del>                                     |  | Add<br>Remove            |
|              |   |  | Add<br>Remove            |
|              |   |  | Add<br>Remove            |
|              |   |  | Add<br>Remove            |
| D. If amendi | ng any other information, enter change(s        | s) here: (Attach additional sheets, if necessary.)             | FILED SECRETARY OF CORPO |
| -            |   |  | STATE SURATIONS          |
| Dated JANU   | JARY 23 , 2008                                  | ·  | _                        |
| <u>.</u>     | Signature of a member of<br>JAMES N. BUSH, ESQ. | r authorized representative of a member                        |                          |
| _            | Typed or  | nrinted name of signee   | - <del></del>            |

Page 2 of 2

Filing Fee: \$25.00