

LD8000003921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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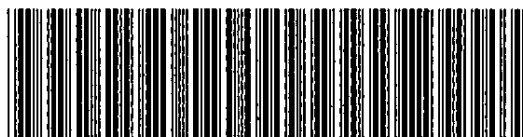
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 20 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mind And Body Wellness LLC
(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:

Corp Solutions LLC
(Name of Person)

(Firm/Company)

PO BOX 22782
(Address)

ST. PETERSBURG, FL 33742
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelina V. Vassilev at (727) 481-9616
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

MIND AND BODY Wellvess, 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 JAN. 11, 2008 and assigned
Florida document number 208000003921

This amendment is submitted to amend the following:

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

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)

2655 MILMERTON ROAD, SUITE 167
Clearwater
FL 33762

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 22782
ST. PETERSBURG, FL 33742

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:

EVELINA V. VASSILEV

New Registered Office Address:

2655 MILMERTON ROAD, SUITE 167
(Enter Florida street address)

ST. PETERSBURG, Florida 33762
(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.

Alba V. Vassilev

(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
MGR	APRIL RUXTON	2655 WILMINGTON RD Suite 167 CLEARWATER, FL 35762	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	APRIL RUXTON	2655 WILMINGTON RD Suite 167 CLEARWATER, FL 35762	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CORP SOLUTIONS LLC	2655 WILMINGTON RD Suite 167 CLEARWATER, FL 35762	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CORP SOLUTIONS LLC	2655 WILMINGTON RD Suite 167 CLEARWATER, FL 35762	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 8-8, 2008

x April Ruxton
Signature of a member or authorized representative of a member
APRIL RUXTON
Typed or printed name of signee