

108000049899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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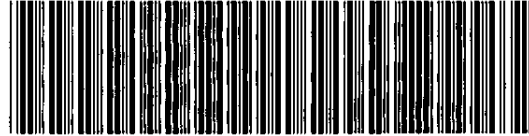
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 15 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BodySMART Organic Indulgences ^{*}(B.O.I. LLC.)^{*}
Name of Limited Liability Company
EIN - 262636719

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

Please return all correspondence concerning this matter to the following:

Robert M. Fisher
Name of Person

B.O.I. LLC.
Firm/Company

326 Charlemagne Blvd. I-204
Address

Naples, Florida 34112
City/State and Zip Code

boicompany@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert M. Fisher at (440) 488-2005
Name of Person 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

FILED
11 JUN 14 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B.O.I. LLC

(BODYSMART organic Indulgences 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 5/19/08 and assigned Florida document number 408000049899

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)

~~326 Charlemagne Blvd.
F-204
Naples, Florida 34112~~

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~326 Charlemagne Blvd.
F-204
Naples, Florida 34112~~

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:

Robert M. Fisher

New Registered Office Address:

326 Charlemagne Blvd, F-204

Enter Florida street address

NAPLES

, Florida

City

34112

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.

Robert M. Fisher
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

mGRm Jennifer Gersten 5936 SAND wedge Ln. ☐ Add
#1603 ☒ Remove
Naples, FL 34110

<u>m6Rm</u>	<u>Robert M. Fisher</u>	<u>326 Charlemagne Blvd. F204</u>	<input checked="" type="checkbox"/> Add
		<u>Naples, Florida</u>	<input type="checkbox"/> Remove
		<u>34112</u>	

MGR Jen Gersten

5936 SAND wedge Ln. ☒ Add
#1603 ☐ Remove
Vaples, FI 39110

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add
 _____ ☐ Remove

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 _____ ☐ Remove

SECURITY SF
ALEXANDER, F.

Stuart M. Fien

Robert m. Fisher
Typed or printed name of signee

Filing Fee: \$25.00

FILED
JUN 14 AM 50
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TALLAHASSEE, FLORIDA