

L09000012860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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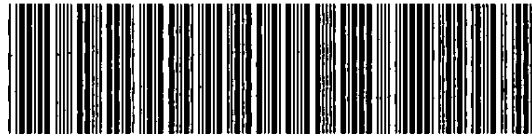
(Business Entity Name)

(Document Number)

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10/05/09--01008--009 **25.00

FILED
2009 OCT -5 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT -6 2009

EXAMINER

COVER LETTER

**TQ: Registration Section
Division of Corporations**

SUBJECT: RESUMEDESIGNER.NET 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:

BETH BLOCKER

Name of Person

Firm/Company

3201 8TH AVE N

Address

SAINT PETERSBURG, FL 33713

City/State and Zip Code

BETHLATHEM@YAHOO.COM

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

For further information concerning this matter, please call:

BETH BLOCKER

Name of Person

at (**727**)

7429766

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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RESUMEDESIGNER.NET

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/6/09 and assigned
Florida document number L09000012860.

This amendment is submitted to amend the following:

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

LEADING LIFE WITH DIABETES 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)

3201 8th Ave N
St Petersburg FL 33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3201 8th Ave N
St Petersburg FL 33713

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:

BETH BLOCKER

New Registered Office Address:

Enter Florida street address

City, Florida 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.

Beth Blocker
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TRAVIS BLOCKER	3201 8TH AVE N SAINT PETERSBURG FL 33713	<input type="checkbox"/> Add <input checked="" 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
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CHANGING SERVICES PROVIDED. NOW THE SERVICES PROVIDED
ARE DIABETES EDUCATION, INSULIN PUMP TRAINING,
AND CONTINUOUS GLUCOSE MONITOR TRAINING.

Dated SEPTEMBER 29, 2009

Beth Blocker
Signature of a member or authorized representative of a member

BETH BLOCKER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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