

# LD90000043110

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

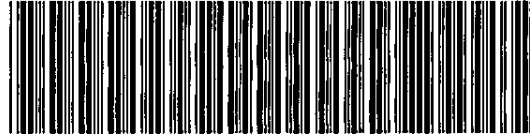
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

RL Cullen JAN 17 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XANADU MIND BODY AND SOUL LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CAROL "CARY" BROWN

(Contact Person)

XANADU MIND BODY AND SOUL LLC

(Firm/Company)

18435 DEEP PASSAGE LANE

(Address)

FORT MYERS BEACH, FL 33931

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL "CARY" BROWN

(Name of Contact Person)

at ( 239 ) 340-8070

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
12 JAN 13 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

XANADU MIND BODY AND SOUL 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 MAY 04, 2009 and assigned  
Florida document number L09000043110.

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)

18435 DEEP PASSAGE LANE

FORT MYERS BEACH, FL 33931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18435 DEEP PASSAGE LANE

FORT MYERS BEACH, FL 33931

**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:

CAROL "CARY" BROWN

New Registered Office Address:

18435 DEEP PASSAGE LANE

*Enter Florida street address*

FORT MYERS BEACH

Florida

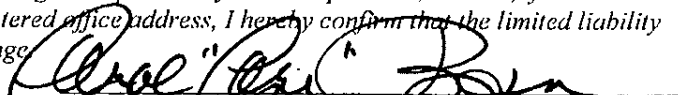
33931

*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.



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	CAROL "CARY" BROWN	18435 DEEP PASSAGE LANE FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AMBER GRAVES	314 SE 5TH PLACE CAPE CORAL, FL 33990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAMES GRAVES	314 SE 5TH PLACE CAPE CORAL, FL 33990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TIMOTHY JESSE	18435 DEEP PASSAGE LANE FORT MYERS BEACH, FL 33931	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 JAN 13 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated DECEMBER 29, 2011.



Signature of a member or authorized representative of a member

AMBER GRAVES

Typed or printed name of signee