#109000018017

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phon	e #)		
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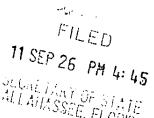
K. SALY EXAMINER SEP 27 2011

COVER LETTER

	ration Se n of Cor	ection porations				
SUBJECT:		BE	MINDFUL			
SCIMECT	Name of Limited Liability Company					
The enclosed Ar	ticles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all	соггеѕро	indence concerning this matter	to the following:			
			SHERMAN REID			
		Name of Person				
		BE MINDFUL, UC				
	Firm/Company					
		407 HENDRICKS ISLE				
			Address			
		FT. LAU	DERDALE, FLORIDA 333	01		
			City/State and Zip Code			
		SHERMAN@	MELINAINTERNATIONAL to be used for future annual report notifi	COM		
For further infor	mation c	oncerning this matter, please o	_	,		
SHERMAN REID		ERMAN REID	at (813) Area Code & Daytim	446-5762		
	Name o	f Person	Area Code & Daytin	te Telephone Number		
Enclosed is a ch	eck for th	ne following amount:				
≥ \$25.00 Filing	g 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 Tallahassec, FL 32314		STREET/COURI Registration Section Division of Corpo Clifton Building	on rations			
		2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE MINIDELLI



(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	—— · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Company	were filed on	8/13/2009	and assigned	
Florida document numberL09000078077				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ollity company her	<u>.</u> e:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:	407 HENDRICKS ISLE			
(Principal office address MUST BE A STREET ADDRESS)	FT. LAUDERDALE, FLORIDA 33301			
Enter new mailing address, if applicable:	407 HENDRI	CKS ISLE		
(Mailing address MAY BE A POST OFFICE BOX)	FT. LAUDERDALE, FLORIDA 33301			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new	

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

SHERMAN REID

407 HENDRICKS ISLE

FT. LAUDERDALE

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ___Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9-19 Dated_ Signature of a member or authorized representative of a member SHERMAN REID

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00