L09000105724

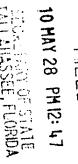
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S. HAWKES

JUN 01 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			• •			
	•	_				
SUBJECT:		nphony RX, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	condence concerning this matter	r to the following:				
		June Robins				
		Name of Person				
		Firm/Company				
	257 Oak Hill Drive					
		Address				
		Sarasota, FL 34232 City/State and Zip Code	·			
	docbachs E-mail address: (sbodysymphony@gm to be used for future annual rep	ail.com			
For further information	concerning this matter, please of					
	June Robins	at (_941_)	586-6700			
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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	LING ADDRESS:		COURIER ADDRESS:			
Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Body Symphony Rx, LLC				
(Name of the Limited Liability Compan (A Florida Limited L.)	iy as it now appear iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL09000105724		November 3, 2009 and ssigned		
This amendment is submitted to amend the following:		ED PL		
AIf amending name, enter the new name of the limited liabi	lity company her	E. FLORES		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "LLC" of the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:		71 1		
	Enter Florida street address			
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				

If Changing Registered Agent, Signature of New 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> Type of Action Dr. Bach MacCloud, DO, NI MGR 3049 Alta Vista Street Sarasota, FL 34237 Healthy Chocolate Florida MGR 6834 28th Street, Circle East Sarasota, FL 34243 MGR Jessica McComb 3409 Branch Creek Drive Sarasota, FL 34235 Remove ☐ Add Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change of address: June Robins, 257 Oak Hill Drive, Sarasota FL 34232 May 25 2010 Dated_ Signature of a member or authorized representative of a member June Robins Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00