L09000105724

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DIVISION OF CORFORATION

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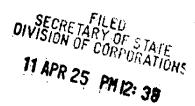
COVER LETTER

Division of Co				
SUBJECT:	Body Syr	mphony RX, LLC		
		ited Liability Company		
,				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Paul Erdeck		
Name of Person				
Firm/Company				
4411 Bee Ridge Road, #174				
		Address		
		Sarasota, FL 34233 City/State and Zip Code		
	iro	obins021@yahoo.com		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please of	eall:		
	lune Robins	at (941) Area Code & Daytin	586-6700	
Name	of Person	Area Code & Daytin	ne 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: tration Section	STREET/COUR Registration Secti		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bod	y Symphony RX, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear orida Limited Liability Company)	rs on our records.	
`	• • • • • • • • • • • • • • • • • • • •		
The Articles of Organization for this Limited Liabi	lity Company were filed on	11/3/2009	and assigned
Florida document numberL0900010572	<u> 4 </u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	re:	
-	Body Symphony LLC	_	
The new name must be distinguishable and end with th	, , , ,	any," the designation "l	.LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
		•	
B. If amending the registered agent and/or a registered agent and/or the new registered office		our records, <u>enter (</u>	he name of the new
	<u>-</u> <u>-</u>		
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ada	ress
		ana e s	
-	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			SECRETARYS DIVISION OF CO 11 APR 25 I
 Dated	April 21 , 20	D11 .	CORPORATIONS
	Signature of a member	r. or authorized representative of a member	
	Tyned	Paul Erdek I or printed name of signee	
	Туров	. or brusse rimine or prepare	

Page 2 of 2

Filing Fee: \$25.00