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SION OF CORPORATIONS

MAY 1 6 2012 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Total Body Wellress Center of Mians Lakes Name of Limited Liability Company
a program and the second second and the second and
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Milaja Biggs Danje of Person
Total Body Wellness Center of Hiani hakes Firm/Company
18520 nw 67th ave Ste 278 Address
Haleah Fl 3301S City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rashida Bios at (308) 218-4529 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ \$\ \t

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

	LNESS CENTER OF MIAMI LAKES, L		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records Torida Limited Liability Company)	<u>,)</u>	
The Articles of Organization for this Limited Liab	bility Company were filed on 1117/09	and assigned SECRE HAY	
This amendment is submitted to amend the follow	ving:	FILED JARY OR OF CORP 15 PI	
A. If amending name, enter the new name of t	he limited liability company here:	OF STATE OF STATE PH 12: 0	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company," the designati	on "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u>	<u></u>		
R. If amonding the registered agent and/or	registered office address on our records, en	tor the name of the name	
registered agent and/or the new registered office	ce address here:	ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	Enter Florida street address	
	, Florid		
	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 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 **Title** <u>Name</u> **Address Type of Action** Remove ☐ Remove ☐ Add Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00