

**L09000117402**

\_\_\_\_\_  
(Requestor's Name)

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

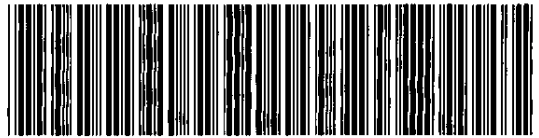
\_\_\_\_\_  
(Business Entity Name)

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

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**10 FEB -5 AM 11:49**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

FEB 8 2010

**EXAMINER**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Lake Mary Healthy Living LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judith Topper

Name of Person

Topper Publications

Firm/Company

831 Shriver Circle

Address

Lake Mary FL 32746

City/State and Zip Code

judtop@yahoo.com

E-mail address (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Judith Topper

Name of Person

at (407) 415-6827

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 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  
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**

Lake Mary Healthy Living, 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 12/10/2009 and assigned  
Florida document number LO9000117402.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Lake Mary Health & Wellness LLC

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)**

Topper Publications LLC

831 Shriver Circle

Lake Mary FL 32746

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Judith Topper

New Registered Office Address:

831 Shriver Circle

Enter Florida street address

Lake Mary  
City

, Florida

32746  
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.

Judith Topper  
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

| <u>Title</u> | <u>Name</u>         | <u>Address</u>                        | <u>Type of Action</u>  |
|--------------|---------------------|---------------------------------------|--|
| MGRM         | Topper Publications | 831 Shriver Cir<br>Lake Mary FL 32746 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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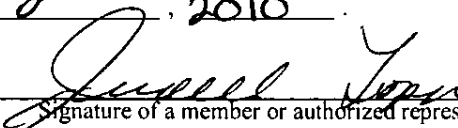
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 10 FEB -5 AM 11:49

FILED

Dated February 2nd, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Judith Topper  
 \_\_\_\_\_  
 Typed or printed name of signee