## L10000013650

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

MAY 3 1 2011

**EXAMINER** 

Office Use Only



900207817479

06/01/11--01001--019 \*\*30.00

RECEIVED

11 MAY 31 PN 3: 27

00 PA 05 CONPORATIONS
01 VISION 05 CONPORATIONS
01 VISION 05 CONPORATIONS

TILLU BECKETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C	Section Corporations			
SUBJECT:	The Bod	y Extended, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
	Adrienne C. Hendrix			
Name of Person  The Body Extended, LLC				
2931 Kerry Forest Parkway Suite #201				
		Address		
	Т	allahassee, FL 32309		
		City/State and Zip Code		
body.extended@gmail.com  E-mail address: (to be used for future annual report notification)			tion)	
For further information	n concerning this matter, please o	•	non)	
Adrienne C. Hendrix		at (850_)72 Area Code & Daytime T	27-0493	
· vani	V 01 1 013011	Mea code de Dayanie I	Cicpione Number	
Enclosed is a check fo	r 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)	

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Body Extended, 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 on5 February 2010 and assigned
Florida document numberL10000013650
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
A. It amending name, enter the new name of the minted nathrity company nere.
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)
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:
Now Positional Office Address
New Registered Office Address:  Enter Florida street address
SA SA
New Registered Agent's Signature, if changing Registered Agent:
25 w
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Susan G. Northam	5493 Caddo Dr. Tallahassee, FL 32311	Add  ✓ Remove
			— <u> </u>
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, en	ter change(s) here: (Attach additional sheets, if nec	essary.)
_			
	31 May	, 2011	
	Signature of		, , , , , , , , , , , , , , , , , , ,
		Adrienne C. Hendrix Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00