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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ISAAC MATZ P.A., C.P.A.

Account Number : 120040000029 Phone : (305) 573-6640 Fax Number : (305)675-6200

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

m - 4 1	Address:	
PATRICE L. J.	ALKITCHE	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BODY-VIBRODYNAMIC LLC**

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PAGE 02/03

FAX AUDIT NUMBER: 4100000317113

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF BODY-VIBRODYNAMIC 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 ____ and essigned to L10000015805 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address: Enter Florida street address

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.

City

Prepared by: Isaac Matz PA 2742 Biscayne Blvd Miami, FL 33137 Tel (305) 573-6640 Fax (305) 675-6200

If Changing Registered Agent, Signature of New Registered Agent

Page I of 2

FAX AUDIT NUMBER: #100000327213

MGR = Manager

FAX AUDIT NUMBER: #100000327 U.3

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:

MGRM = Managing Member Title Name Address Type of Action **MGRM** J.D. EVENTS, LLC 1755 ATLANTIC BLVD STE 601 ☐ Add SUNNY ISLES BEACH FL 33160 US ✓ Remove Add Remove □ Add Remove TAdd: Remove ∐Add Remove Add _∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 11** Dated

Prepared by: Isaac Matz PA 2742 Biscayne Bivd Miami, FL 33137 Tel (305) 573-6640 Fax (305) 675-6200 Typed or primed name of signee Page 2 of 2

Signature of a member or authorized representative of a member PATRICIA ROSLER

FAX AUDIT NUMBER: 4100000321223