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(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 19 2011

EXAMINER

Office Use Only



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11 MAY 16 PM 2:00
SECRETARY OF STATE
AULAHASSEF, FLORIDA

COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Extra You, LLC				
DOCUMENT NUMBER: L 100000 26736				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Graceann DotoLo				
Name of Contact Person				
Extra you, LLC.				
Firm/ Company				
12521 LeatherLeaf Drive				
Address				
Tampa, FL 33626				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Graceann Dotolo at 813 453 - 0680 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301



April 6, 2011

GRACEANN DOTOLO 12521 LEATHERLEAF DRIVE TAMPA, FL 33626

SUBJECT: EXTRA YOU, LLC Ref. Number: L10000026736

We have received your document for EXTRA YOU, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 111A00008400

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extrayou, LLC	-
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L \ 0.0000 267.3C</u>	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Extra Me LLC	And the state of t
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12612 Carlby Circle Tampa, FL J 33626
Enter new mailing address, if applicable:	Same as above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: 12612	SECRETAR TADLAHASS

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

1. . . 3

N/A

If amending the Managers of Managers of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add ∏Remove
If ameno	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
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Page 2 of 2

Filing Fee: \$25.00