

L10000099038

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 14 PM 3:10

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C. LEWIS

FEB 15 2011

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT:

MEDITATE, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DANIELA G MATHIS

Name of Person

MEDITATE, LLC

Firm/Company

10377 SOUTH US HIGHWAY 1 STE 102

Address

PORT ST LUCIE, FL. 34952

City/State and Zip Code

DGM@MEDI-TATE.ORG

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

For further information concerning this matter, please call:

DANIELA G. MATHIS at (772) 678-8144

Name of Person

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

TO
ARTICLES OF ORGANIZATION
OF

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MEDITATE LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/21/2010 and assigned
Florida document number L10000099038

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)

10377 SOUTH US HIGHWAY 1
SUITE 102
PORT ST LUKIE, FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10377 SOUTH US HIGHWAY 1
SUITE 102
PORT ST LUKIE, FL 34952

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:

DANIELA G. MATHIS

New Registered Office Address:

10377 SOUTH US HIGHWAY 1, SUITE 102

Enter Florida street address

PORT ST LUKIE, Florida 34952
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

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>
MGR	MOISES B Siperstein	401 SW SAYBROOK ST. PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DANIELA G. MATHIS	10377 SOUTH US HWY 1 SUITE 102 PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated FEB 10, 2011

Signature of a member or authorized representative of a member

MOISES Siperstein

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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