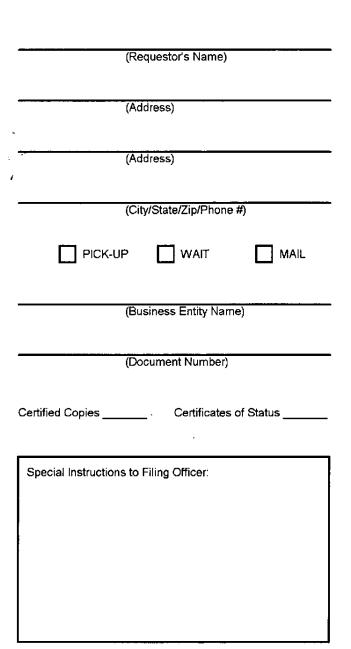
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B. BOSTICK
SEP 1 4 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	CT·	MED	DITATE LLC			
3020	C1	Name of Lim				
The enc	losed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	r to the following:			
			DANIELA G MATHIS			
			Name of Person			
i		MEDITATE LLC				
		-	Firm/Company		_	
		10377 SOU	TH US HIGHWAY 1. SUI	TE 102	_	
			Address			
		POF	_			
			City/State and Zip Code			
			dgm@medi-tate.org to be used for future annual report no	titiontion)	-	
.		`	•	ditadon)	ALL ALL	
For furt	her information	concerning this matter, please of	all:		SEP	arrens in
	DAN	IELA G MATHIS	ai(772)	337-0070		4 (Frank) 14 175
	Name	of Person	Area Code & Dayt	ime Telephone Numb		ATT HOPE A D ACCUSED
					3: 21 JAII LORNI	· ,
Enclose	d is a check for t	the following amount:			6 D A	
\$25. 0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	ate of Status &	

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

	City	, Flori		Zip Code	
	Enter Florida street addre			5	
New Registered Office Address:					
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·	
registered agent and/or the new registered office address		our recorus, g	nter⊃me	name or	the nev
3. If amending the registered agent and/or registere	ed office address on	our records e	<u>2</u> 2	φ Name of	the nev
			- 100 mg	1,000 1,000	-
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	ധ ∷್ಷ	-
Enter new mailing address, if applicable:			ा रहे (घाट ए व्य		
			15 (- 17 (- 17 (-	S	
Principal office address MUST BE A STREET ADDRES	<u> </u>		~		
Enter new principal offices address, if applicable:					
LL.C."	Dinawa Diabiniy Comp	miy, tra design	Mon DEC	or die de	OTOVILLE
The new name must be distinguishable and end with the words	"I imited I jability Com	ramy " the decion	ntion "I I C	" or the ab	hreviatio
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :			
This amendment is submitted to amend the following:					
viorida document number					
Florida document number L10000099038	ipany were med on			_ สมน สรรถู	gneu
The Articles of Organization for this Limited Liability Con		SEPT 21, 2	2010	_ and assig	
(Name of the Limited Liability C (A Florida Lim	ompany as it now appe nited Liability Company)	ers on our recor	<u>ds.</u>)		
	HAIE, LLC				

New Registered Agent's Signature, if changing Registered Agent:

ì

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

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	MALANIE RYAN DALFREY	4110 SW SAYBROOK STREET PORT SAINTLUCIE, FL. 34953	Add Remove
			Add Remove
;			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar)	
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_		FĽORIDA	
Dated	SEPTEMBER 7 , 20		
		or authorized representative of a member	
		NIELA G MATHIS or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00