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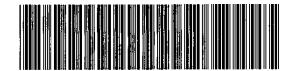
(Requestor's Name)
- (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUL 11 2011

EXAMINER

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COVER LETTER

Division of C	Corporations	•	•	J
SUBJECT:	The Comple	te Diet Store, LLC		
		ed Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
·	M	onica Eaton-Cardone		
		Name of Person		
		Firm/Company		
	611 S	5. Fort Harrison, Ste. 23	31	
Belleair, FL 33756 City/State and Zip Code				
	E-mail address: (to	me103@hotmail.com be used for future annual report	notification)	
For further information	n concerning this matter, please ca	ill:		
Monica Eaton-Cardone Name of Person		at (727)	455 4455 aytime Telephone Number	
	·		3	
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 encl	losed) Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section

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

The Connecte Mot Stone LCC
(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 assigned_
Florida document number L10000122257
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 of the company of the designation "LLC" or the abbreviation of the company of the designation o
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 Enter Florida street address
Enter Pioriaa street address 1
, Florida , Florida
City Zin Cod
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

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 Meihber

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Mgr</u>	Grant Cardone	1401 Oriole Drive Los Angeles, CA 90069	Add Remove
Mgr	Monica Eaton-Cardone	611 S. Fort Harrison Ave. Belleair, FL 33756	Add Remove
Mgr	The Institute for Health and	The Institute for Health & Wellness, LL 400 Cleveland Street, Ste 800 Clearwater, FL 33755	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
Dated	7/1/2011	·	_
	Signature of a member	r or authorized representative of a member	
		ica Eaton-Cardone or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00