

L11000023251

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 29 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSTEOMIND LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

FULVIA ARIENTI

Name of Person

OSTEOMIND LLC

Firm/Company

4720 DR MARTIN LUTHER KING JR. ST. S

Address

ST PETERSBURG FL 33705

City/State and Zip Code

osteomindllc@gmail.com

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

For further information concerning this matter, please call:

FULVIA ARIENTI

Name of Person

at (727)

417 9594

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OSTEOMIND 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 FEBRUARY 23, 2011 and assigned
Florida document number L11000023251

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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:

4720 DR MARTIN LUTHER KING JR. ST. S

(Principal office address MUST BE A STREET ADDRESS)

ST PETERSBURG FL 33705

Enter new mailing address, if applicable:

4720 DR MARTIN LUTHER KING JR. ST. S

(Mailing address MAY BE A POST OFFICE BOX)

ST PETERSBURG FL 33705

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:

FULVIA ARIENTI

New Registered Office Address:

4720 DR MARTIN LUTHER KING JR. ST. S

Enter Florida street address

ST PETERSBURG

Florida

33705

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

8/22/11

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 = Manager

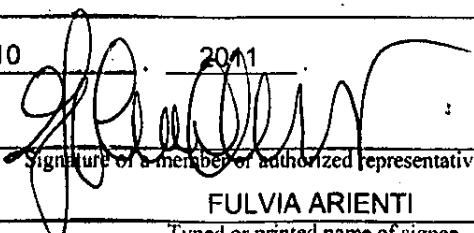
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>FULVIA ARIENTI</u>	<u>4730 DR. MARTIN LUTHER KING</u> <u>JR. ST.</u> <u>ST. PETERSBURG FL 33705 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>FULVIA ARIENTI</u>	<u>4720 DR. MARTIN LUTHER KING</u> <u>JR. ST. S</u> <u>ST. PETERSBURG FL 33705</u>	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

n/a

Dated AUGUST 10 2011


Signature of a member or authorized representative of a member

FULVIA ARIENTI

Typed or printed name of signee

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TALLAHASSEE, FLORIDA