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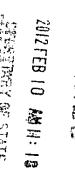
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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T. CLINE

FEB 13.2012

EXAMINER

COVER LETTER

то:	Registration S Division of Co					
SUBJE	ECT:	Eventf	ul Smiles LLC			
		Name of Lim	Name of Limited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Gina Kaczmarek			
			Name of Person			
			Eventful Smiles LLC			
			Firm/Company			
		,	226 SE 63rd Ter			
			Address			
			Ocala, FL 34472			
			City/State and Zip Code			
		facear	ndbodytonics@ yahoc=	anai).co	Will BASIS	
			to be used for future annual repor	i notification)		Principle of the Control of the Cont
For fur	ther information	concerning this matter, please of	call:			N. L. krous Acongona
	Gir	na Kaczmarek	at (_352_)	361-1853		177
	Name	of Person	Area Code & D	Daytime Telephone Number	S A:	
Enclos	ed is a check for t	the following amount:			\$ m	
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	e of Status &	
	Regist Divisi	JING ADDRESS: ration Section on of Corporations sox 6327	STREET/CO Registration S Division of C Clifton Build	Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability C (A Florida Lin	ul Smiles LLC Company as it now appears on mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con Florida document number LIVOOT15	Λ	51 5th 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
Face & Bo	ody Tonics, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>	17 77	
		The state of the s	
Enter new mailing address, if applicable:		The at I	
(Mailing address MAY BE A POST OFFICE BOX)	···	First I	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>		, Florida	
	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

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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	·		
			Add Remove
			
			Add Remove
			Add
			Remove
			Add
			Remove
		•	HADADT
			Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
		() () () () () () () () () ()	
		(5) (7)	(F) (C)
			<u></u>
Dated			
		\ K	
	Signature of a member	r-or authorized representative of a member	
		Gina Kaczmarek	

Page 2 of 2

Filing Fee: \$25.00