

Division of Corporations

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Florida Department of State
Division of Corporations
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(((H110002294033)))



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To:

Division of Corporations
Fax Number (850) 617-6383

From:

Account Name: LEGALZOOM.COM, INC.
Account Number: 120010000062
Phone: (323) 962-5600
Fax Number: (323) 962-3809

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMILING SKIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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A. LUNT

SEP 28 2011

EXAMINER

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11 SEP 22 AM 7:05
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September 21, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SMILING SKIES LLC
1891 BEACH BLVD.
JACKSONVILLE, FL 32250US

SUBJECT: SMILING SKIES LLC
REF: L11000075194

2011 SEP 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet:

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Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H11000229403
Letter Number: 711A00021826

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMILING SKIES 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:

Barbara Dang

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang

(Name of Person)

at (323) 962-8600

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 22 AM 10:08

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SMILING SKIES 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 06/29/2011

Florida document number L11000075194

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."

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:

C.W. RANDOLPH

New Registered Office Address:

1891 BEACH BLVD

(Enter Florida street address)

JACKSONVILLE BEACH, Florida 32250

(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.

CW Randolph

(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE, FLORIDA

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

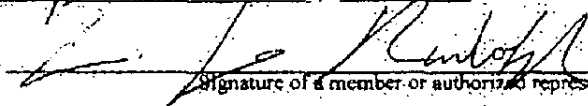
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	NATURAL HORMONE INSTITUTE INCORPORATED	1891 BEACH BLVD. JACKSONVILLE FL 32250 US	☐ Add ☒ Remove
MGRM	C. W. Randolph	1891 BEACH BLVD. JACKSONVILLE BEACH, FL 32250	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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JACKSONVILLE, FLORIDA

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

Dated Sept 12, 2011



Signature of a member or authorized representative of a member

Lugenia James Randolph, President on behalf of NATURAL HORMONE INSTITUTE INCORPORATED

Typed or printed name of signee