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D. BRUCE NOV 21 2011 EXAMINER

## **COVER LETTER**

Division	on of Corpo	orations '		
SUBJECT:	15.5	Evolved Bo	ody Solutions, LLC	
_		Name of Lim	ited Liability Company	
The enclosed A	articles of A	mendment and fee(s) are sul	omitted for filing.	
Please return al	l correspond	dence concerning this matter	to the following:	
		,	Troy Delaney	
			Name of Person	
		Evol	ved Body Solutions, LLC Firm/Company	
		1:	2948 Fringetree Dr W	
			Address	
		J	acksonville, FL 32246 City/State and Zip Code	
		E-mail address: (	delanev@yahoo.com to be used for future annual report notification)	F   1 NOV
For further info	rmation con	ncerning this matter, please of	eall:	SECOLO III
	Trov	y Delaney	at ( 904 ) 379-606	r
	Name of F		Area Code & Daytime Telephone	Number RA S
Enclosed is a cl	heck for the	following amount:		• •
<b>☑</b> \$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	MAILIN	G ADDRESS:	STREET/COURIER ADDR	ESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	Olved Body  Liability Comp	Solutions, LLC	on our records.)	
(1.111111111111111111111111111111111111	(A Florida Limited	any as it now appears ( Liability Company)	,	
The Articles of Organization for this Limited	Liability Compan	y were filed on	8/12/2011	and assigned
Florida document number 45-2976	6577 678243			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
E	vovled Natural	Solutions, LLC		
The new name must be distinguishable and end v "L.L.C."	vith the words "Lin	nited Liability Company	," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		Same as above		
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<u> </u>	
Enter new mailing address, if applicable:		Same as above		NOV 18
(Mailing address MAY BE A POST OFFICE BOX)				mo z II
B. If amending the registered agent and	l/or registered o	office address on our	records, enter	FLORID All E name of the new
registered agent and/or the new registered			·	
Name of New Registered Agent:	Same as above			
New Registered Office Address:	Same as al			
		Enter	Florida street add	dress
	· · · · · · · · · · · · · · · · · · ·	- C'	, Florida	Zip Code
		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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessa	ary.)
			FILE SECRETARY OF LLAMASSEE. F
Dated	May Nov. 11, 2001	<u></u>	LORIDA
	<del>-</del>	r authorized representative of a member	
	Troy Typed or	Delaney r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00