L11000132174

(Dawnstada Mara)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



100225146151

03/22/12--01010--015 **25.00

2 MAR 22 AM II: 27

COVER LETTER

TO:	Registration Section Division of Corpor					
SUBJE	CT:	The Mind and	d Hand Center, LL0			
		Name of Limi	ted Liability Company			
The end	losed Articles of Am	endment and fee(s) are sub	omitted for filing.			
Please 1	eturn all corresponde	nce concerning this matter	to the following:			
	_		Melissa Koch			
			Name of Person			
The Mind and Hand Center, LLC						
			Firm/Company			
415 E. Michigan Street Address						
Orlando, FL 32806 City/State and Zip Code						
)					
For furt	her information conc	erning this matter, please c	o be used for future annual repo			
	Meliss	a C Koch	at (407)	924	-7014	
	Name of Per	son .	Area Code & I	Daytime Tele	phone Number	
Enclose	d is a check for the fo	llowing amount:				
₽ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed)	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 MAR 22 AM II: 27

The Mind and Ha (Name of the Limited Liability Compa (A Florida Limited L	and Center, LLC ny as it now appears o Liability Company)	n our records SEE	STATE FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document numberL11000132174	were filed on	11/21/2011	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company,	" the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	415 E. Michigan	Street		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 328	306		
Enter new mailing address, if applicable:	415 E. Michigan	Street		
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 328			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter th	ne name of the new	
New Registered Office Address:	Enter Florida street address			
	, 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 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>	Address	Type of Action
<u>MGRM</u>	Robert J Koch	612 Daniels Ave Orlando, FL 32801	Add Remove
***************************************			D Damous
	, ,		T D
. 			□ Domorio
			AddRemove
			 _
D. If amo	ending any other information, ente	r change(s) here: (Attach additional sheets, if no	ecessary.)
-	This amendment adds Robert	J Koch as a seven percent (7%) owner	
- - -	The Mind and Hand Center, L	_C.	FILED 2 MAR 22 AM II: 27 EUNE AND OF STATE ALLAHASSEE, FLORD
Dated	March 16	2012 .	DA DA
		12 1Cod	
	Signature of a	member or authorized representative of a member	
		Robert J Koch	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00