## 2/1000/39247

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

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**EXAMINER** 

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2112 HBY -2 PH 4: 11

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pamper Your Mind 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:	23
Kristin Woodling Name of Person	NIZMY -2 PH 4:
Pamper Your Mind, LLC Firm/Company	PH 4: 1
2020 Hwy. AIA, Suite 104	<u> </u>
Indian Harbour Beach, FL  City/State and Zip Code  Kristin @ pamperyour mind. C  E-mail address: (to be used for future annual report notification)	32937 Lom
For further information concerning this matter, please call:	
Kristin Woodling at 321, 543-2087  Name of Person at 321, 543-2087  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

- Vamoer Yo	our Mind Luc	
(Name of the Limited )	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 12/9/11	and assigned
Florida document number	7.25	7212
This amendment is submitted to amend the follow	wing:	TIL LARASS
A. If amending name, enter the new name of	the limited liability company here:	72
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	"LL@ or the abbreviation
Enter new principal offices address, if applica	ble:	*.P*
(Principal office address MUST BE A STREET	( ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		<del></del>
Mutang dutiess MAT BE AT OST OFFICE E		
	r registered office address on our records, enter	r the name of the new
registered agent and/or the new registered off	ice address nere:	
Name of New Registered Agent:		
New Registered Office Address:	2020 Hwy AIA Suite # Enter Florida street a	ddress
	Indian Hatbaur Bob, Florida	32937 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	fanager • Managing Member		
<u>Title</u>	Name	Address 414 Suite 104	Type of Action
MGRM	Teresa A. Harris	2020 Hwy. AIA Suite 104 Indian Harbour Beach, FL 32937	XAdd Remove
	<del></del>		Add Remove
			Add Remove
		33 34 34 34 34 34 34 34 34 34 34 34 34 3	A Remove
			Add Remove
		nge(s) here: (Attach additional sheets, if necessary.) (ristin Woodling's titl	<u>'</u> e
Ē	Please note address	change (pg. 10f2)	<del></del>
Dated C	October 28, 2 Julya Q. 4 Signature of a memb	Larris	<del></del>
	Teresa A.	. 1	<del></del>

Page 2 of 2

Filing Fee: \$25.00