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B. BOSTICK

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EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	· · · · · · · · · · · · · · · · · · ·	
Mindful Movement	Studio, LLC	
· , · · · · · · · · · · · · · · · · · ·		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal S
		Annual Report / Reinstatement
		Cert. Copy
		Cert. Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
	- 	Driving Record
Requested by: SETH	02/02/12 p.m.	UCC 1 or 3 File
Name	$ \begin{array}{ccc} & 02/02/12 & \text{p.m.} \\ \hline & \text{Date} & \text{Time} \end{array} $	UCC 11 Search
Name	Date IIIIC	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mind (Name of the Limited (A	dful Moveme Liability Compa Florida Limited I	ent Studio, LLC ny as it now appears o Liability Company)	on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	12/29/2011	and assig	ned
Florida document number L11000145	5528				
This amendment is submitted to amend the following	owing:				•
A. If amending name, enter the new name o	f the limited liab	oility company here:			
The new name must be distinguishable and end with "L.L.C."	th the words "Lim	ited Liability Company	," the designation ")	LLC" or the abb	oreviation
Enter new principal offices address, if applic	able:	12884 Stonebro	ook Drive		
(Principal office address MUST BE A STREE	T ADDRESS)	Davie, FL 3333	0		
				图 75	
				TEB AND	, Ç
Enter new mailing address, if applicable:		12884 Stonebro	ook Drive	\$3. J.	* 134 ₆₆ ·
(Mailing address MAY BE A POST OFFICE BOX)		Davie, FL 3333	0 '	177	t <u>,</u>
				四, 三	near d
				SEA : 28	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of Mice address her	Mice address on our <u>re</u> :	r records, <u>enter</u>	the name of	the nev
Name of New Registered Agent:	Mark S. Sc	hecter, Esq.			
New Registered Office Address:	100 NE 3rd	Avenue, Suite 62	20		
		Enter	r Florida street add	dress	
	For	rt Lauderdale	, Florida	33301	
•	•	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

Title	Name	Address	Type of Action
	_		Add Remove
	<u> </u>		— σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
<u> </u>			Add Remove
			<u> </u>
			m
). If ar	nending any other information, ent	er change(s) here: (Attach additional sheets,	if necessary.)
	Deborah Melzer	<u></u>	
	12884 Stonebrook Drive		12 F
	Davie, FL 33330		
			(C) (C) (C)
Dated	February 2	, 2012	AHIO: 29
	Signature of	a member or authorized representative of a member	
		Mark S. Schecter Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00