

L120000028729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

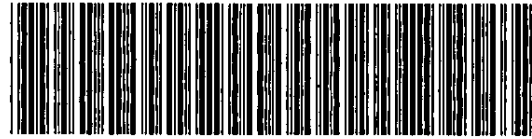
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NE  
Amend

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2013 JUN -7 AM 8:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
JUN 10 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Beauty & Bliss, 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:

**Mike Van Thielen**

Name of Person

**Beauty & Bliss, LLC**

Firm/Company

**1225 Draycott St.**

Address

**Ormond Beach, FL 32174**

City/State and Zip Code

**drmikevt@ymail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mike Van Thielen**

Name of Person

**386 852-6480**

at ( )

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

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 JUN -7 AM 8:42

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

Beauty & Bliss, 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 02/28/2012 and assigned  
Florida document number L12000028729.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~Health 4 Life, LLC~~

HEALTH FREEDOM, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1225 Draycott St.

Ormond Beach, FL 32174

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1225 Draycott St.

Ormond Beach, FL 32174

**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:

New Registered Office Address:

1225 Draycott St.

*Enter Florida street address*

Ormond Beach

*City*

Florida 32174

*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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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 OFFICE OF THE  
 CLERK OF THE  
 SUPERIOR COURT  
 1000 EAST 17TH AVE  
 DENVER, CO 80202

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

Type of Business - Omit current services offered and replace with

1) Health Consultation & Education

2) Product Sales (supplements, books, DME equipment)

Dated 05/15, 2013

Signature of a member or authorized representative of a member

Mike Van Thielen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 JUN -7 AM 8:42  
STATE OF FLORIDA  
HALL COUNTY