L12000111415

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EXAMINER



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COVER LETTER

TO: Registration S Division of Co		, , , , , , , , , , , , , , , , , , ,	***
	ar Total International LL	С	
SUBJECT:	Name of Limi	ted Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	_	ALLAHASSE. FLOOR
	Lorenzo Moll		K. C. S.
	_	Name of Person	
	Moll Parron PLLC		•
•		Firm/Company	
	1000 Brickell Avenue	e, Suite 400	
		Address	
	Miami, FL 33131		
	lmoll@mollparron.co	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notificat	ion)
For further information	concerning this matter, please c	all:	
Lorenzo Moll		305 373-6597	
Name	of Person	Area Code & Daytime To	elephone 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

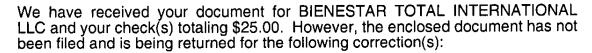


December 11, 2012

LORENZO MOLL MOLL PARRON PLLC 1000 BRICKELL AVE., SUITE 400 MIAMI, FL 33131

SUBJECT: BIENESTAR TOTAL INTERNATIONAL LLC

Ref. Number: L12000111415



The new name you have chosen is not available because it is too similar the the name of an administratively dissolved company -- YOUR DREAM INC -- Doc. Number P11000017510.

Names of administratively dissolved companies must be reserved for a period on 1 year after the dissolution.

Please choose another new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 312A00029282

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bienestar Total International L	.LC	Company of the same of the sam
(Name of the Limited Liz (A Flo	ability Company as it now appears or orda Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabi L12000111415 Florida document number	ility Company were filed on	9/2012 and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Your Dream SVP LLC		
The new name must be distinguishable and end with the 'L.L.C."	he words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
•		
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Ente	r Florida street address
		771 + 1.
-	City	, Florida 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 = Mana MGRM = Ma	iger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
-			Kemove
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			Remove
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			Add
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			Remove
			
			Add
			Remove
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			Remove

ımen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	DECEMBER 5, 2012
	Signature of a member or authorized/representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00