

L13000131266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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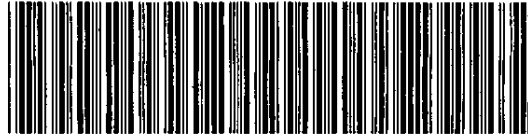
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 JUN 29 AM 11:11
TALLAHASSEE, FLORIDA

JUN 30 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unite Mind & Body, 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:

Vilma Rivera
Name of Person
Unite Mind & Body, LLC
Firm/Company
1521 Nature Trail
Address
Kissimmee, FL 34746
City/State and Zip Code
vilma.umbm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vilma Rivera at (407) 914-0429
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Unite Mind to Body, 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 6/08/2015 and assigned Florida document number L13000131266.

This amendment is submitted to amend the following:

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

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)

1521 Nature Trail
Kissimmee, FL, 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1521 Nature Trail
Kissimmee, FL, 34746

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:

Vilma Rivera

New Registered Office Address:

1521 Nature Trail

Enter Florida street address

Kissimmee

City

Florida

34746

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>
MGR	Vilma Rivera	1704 Destiny Blvd	<input type="checkbox"/> Add
		# 205	<input checked="" type="checkbox"/> Remove
		Kissimmee, FL 34741	
MGR	Vilma Rivera	1521 Nature Trail	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

Dated June 08, 2015

Vilma Rivera

Signature of a member or authorized representative of a member

Vilma Rivera

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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