

413000161771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

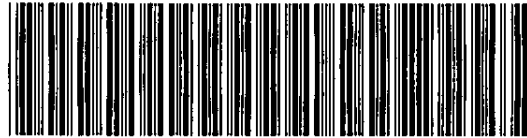
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400268121604 FEB 03 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthy Skinny Wraps 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:

BRIAN KRETSCH
Name of Person

Essence of Relaxation LLC
Firm/Company

5448 Hoffner Ave, Ste 108
Address

Orlando, FL 32812
City/State and Zip Code

transform your body@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN KRETSCH at (973) 573-3691
Name of Person 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

Healthy Skinny Wraps LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Essence of Relaxation LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/16, 2015.



Signature of a member or authorized representative of a member

BRIAN KRETSCHE

Typed or printed name of signee

15 JAN 26 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED