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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Healthy Skinny Wraps LLC Name of Lighted Liability Jompany
The end	closed 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
	5448 Hoffner Ave, Ste 108 Address
	OR and FL 32812 City/State and Zip Code Transform your body 2 hotmail, com E-mail address: (to be used for future annual report notification)
Eas form	
	ther information concerning this matter, please call:
	BRIAN KRETSEN at (973) 573 - 369/ Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	5.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(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

Healthy Skinny (Name of the Limited Liability Romp (A Florida Limited)	wraps LLC eany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/3 000 /6/77/</u> .	y were filed on and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial ESSence of Re/a	Xation LLC	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u>>⊘</u>	
(Principal office address MUST BE A STREET ADDRESS)		
	25 2 ···	
	SS 6	
Enter new mailing address, if applicable:	Te fi	
(Mailing address MAY BE A POST OFFICE BOX)	100	
	50° F	
B. If amending the registered agent and/or registered		W
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
	,	<u></u>	
			Add
			□ Remove
		-	
			Remove
			Add
			□ Remove
 			□ Add
			Remove

	f amending any other information, enter change(s) here: (Attach additional sh	neets, if necessary.)
(Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
	Dated ///6 , 20/5.	
	Buen Portet	
	Signature of a member or authorized representative of a me	

Page 3 of 3

Filing Fee: \$25.00

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