

L14 0000 12835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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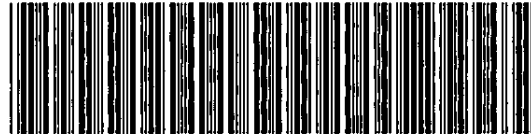
(Business Entity Name)

(Document Number)

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Edward M. Livingston *†
Erica L. Loeffler
Bryan L. Loeffler*

963 TRAIL TERRACE DRIVE
NAPLES, FLORIDA 34103

"We Protect Your Creativity"®

Telephone: 239-262-8502
Facsimile: 239-261-3773
Toll Free: 800-548-4332

*Registered US Patent Attorney
† Board Certified in Intellectual Property Law

www.thelivingstonfirm.com

February 13, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lifestyle Healing Institute, LLC
Our File No.: 14-8520

Dear Sir/Madam:

Enclosed herewith please find Articles of Amendment for Lifestyle Healing Institute, LLC. Also enclosed is the \$25.00 filing fee for same.

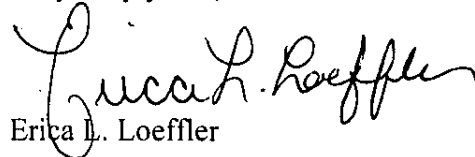
Please return all correspondence regarding this matter to the undersigned at the following address:

Erica L. Loeffler, Esq.
The Livingston Firm
963 Trail Terrace Dr.
Naples, FL 34103

If you have any questions or require any additional information, please do not hesitate to call the undersigned at (239) 262-8502.

Thank you for your attention to this matter.

Very truly yours,


Erica L. Loeffler

Enc.: Articles of Amendment

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

LIFESTYLE HEALING INSTITUTE, 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 01/23/2014 and assigned
Florida document number L14000012835.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

Enter Florida street address

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 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, 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>
AMBR	Matthew T. Bullock	13744 Farem Rd.	<input type="checkbox"/> Add
		Odessa, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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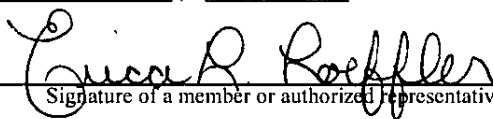
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 February 13, 2014



Signature of a member or authorized representative of a member

Erica L. Loeffler, Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE
SECRETARY OF STATE