## L140000 39784

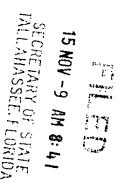
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## **COVER LETTER**

Division of C			
MYHON SUBJECT:	MEANDBODY LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	PATRICK ESPOSITO		
	-	Name of Person	<del></del>
	MYHOMEANDBODY L	LC	
	<del> </del>	Firm/Company	
	115 OLD CARRIAGE RO	OAD	
		Address	
	PONCE INLET, FL 3212	7	
	EPAT55@YAHOO.COM	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
PATRICK ESPOSITO	) ··	484 614-7829 at ( )	
Name	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYHOMEANDBODY LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L14000039784	were filed on 03/10/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company" the decignation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	MYHOMEANDBODY LLC
(Principal office address MUST BE A STREET ADDRESS)	115 OLD CARRIAGE ROAD
A succession office was the Media Barrio and a succession of the s	PONCE INLET, FL 32127
Enter new mailing address, if applicable:	MYHOMEANDBODY LLC
(Mailing address MAY BE A POST OFFICE BOX)	115 OLD CARRIAGE ROAD
	PONCE INLET, FL 32127
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cîtv Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	LANCE FRANK	4602 E MCDOWELL ROAD	<b>■</b> Add
		PHOENIX, AZ 85008	□ Remove
			☐ Change
MBR	PATRICK ESPOSITO	115 OLD CARRIAGE ROAD	Add
		PONCE INLET, FL 32127	Remove
			Change
			□ Add
		<del></del>	□ Remove
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Effective date, if other than the date of filing:	5	(optional)	
(If an effective date is listed, the date must be specific and cannot be prio	or to date of filing or more than 9	0 days after filing.) P	ursuant to 605
Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's records	cable statutory filing require s.	ments, this date wi	ii not be nste
he record specifies a delayed effective date, but no	ot an effective time, at	12:01 a.m. or	the earlie
The 90th day after the record is filed.			
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Dated	······••		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee