

8/13/2014

L14000081270

Division of Corporations
Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : 120120000052
Phone : (305) 591-9180
Fax Number : (305) 591-9167

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jelenaaccountingservices@gmail.com.

RECEIVED

14 AUG 14 AM 6:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
3 HOLISTIC MAGAZINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

14 AUG 14 AM 9:22
ALL INFORMATION
WILL BE DESTROYED
ON 08/13/14

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

3 HOLISTIC MAGAZINE, 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 05/20/2014 and assigned
Florida document number L14000081270.

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

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, 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>
MGR, AMBR	MARIA D IBANEZ	9759 NW 44 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
AMBR	ADRIANA BONILLA	9759 NW 44 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

16 JUN 1980
11 11 AM
22
22

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 AUGUST 9 2014



Signature of a member or authorized representative of a member

MARIA D IBANEZ

Typed or printed name of signer

14 AUG 14 15:56:22
STATE OF FLORIDA
DEPARTMENT OF STATE