L14000134476

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COVER LETTER

TO:	Registration Se Division of Cor			
CURT		nternational, LLC		
SUBJE	.CI:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	,•
Please	return all correspo	ndence concerning this matter	to the following:	
		Rick Adams		
			Name of Person	
		MindWay International, LL	.c	
			Firm/Company	
		2111 East Michigan Street.	Stc. 139	
			Address	
		Orlando, Florida 32806		
			City/State and Zip Code	
		drrickadams@gmail.com		
		E-mail address: (t	o be used for future annual report noti	fication)
For fun	ther information co	oncerning this matter, please ca	ıll:	
Rick A			407 470-2195 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	c following amount:		
□ \$ 2:	5.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MindWay International, LLC	
(Name of the Limited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/277}{1}$	2014 and assigned
Florida document number L14000134476	
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 contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	282
(Principal office address MUST BE A STREET ADDRESS)	APR
	ා විශූලි
Enter new mailing address, if applicable:	2 :5
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	rds, enter the name of the new registered
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 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>	Address	Type of Action
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		·	
			
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fective date, if other than the date of filing:	 	provisions, if any: To Provide All Legal Business per State of Florida statute (s)
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		Signature of a member or authorized representative of a member
		Typed or printed name of signee