

L16 0000 97165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

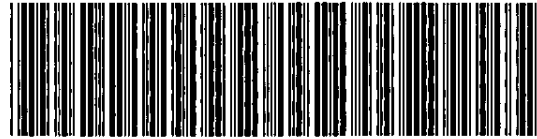
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 24 PM 4:19  
TALLAHASSEE, FLORIDA

17 MAR 24 PM 4:19

MAR 27 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2017

THAISER TAYLOR  
906 RIVERBROOK CT APT 102 BLDG 10-C  
TAMPA, FL 33603

SUBJECT: THAISER TOTAL WELLNESS LLC  
Ref. Number: L16000097165

We have received your document for THAISER TOTAL WELLNESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 116A00027254

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Thaiser Total Wellness  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvette Contreras  
Name of Person

\_\_\_\_\_  
Firm/Company

906 Riverbrook Ct #102 Bldg 10-C  
Address

Tampa, FL 33603  
City/State and Zip Code

LiftingspiritsFL@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvette Contreras at 702 283-9049  
Name 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**

Thaiser Total Wellness 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 5/18/16 and assigned Florida document number L16000097165

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Lifting Spirits FL LLC

The new name must be distinguishable and contain 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)**

906 Riverbrook Ct #102

Bldg 10-C

Tampa, FL 33603

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

906 Riverbrook Ct #102

Bldg 10-C

Tampa, FL 33603

**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:**

Yvette Contreras

**New Registered Office Address:**

906 Riverbrook Ct #102 Bldg 10-C

Enter Florida street address

Tampa

Florida

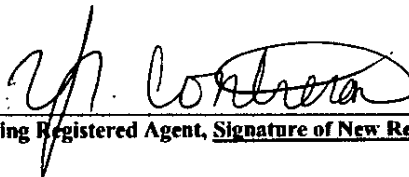
City

33603

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Yvette Contreras	906 Riverbrook Ct #102 Bldg 10-C Tampa, FL 33603	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 MAR 2015  
PM 4:19  
MAIL ROOM  
TAMPA, FL 33604

17 MAR 24 PM 4:18  
FBI  
MEMPHIS, TENNESSEE  
FBI

17 MAR 24 PM 4:18  
MAIL ROOM SET, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Dated**

February 22, 2017

Signature of a member or authorized representative of a member

Thaïser Taylor

Typed or printed name of signee