## L17000012503

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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PHONE: 650-556-1500
ACCOUNT NO. : 12000000195
REFERENCE : 576307 8122511
AUTHORIZATION: Squelle Bleman
COST LIMIT : \$ 25.00
ORDER DATE: March 29, 2017
ORDER TIME : 1:05 PM
ORDER NO. : 576307-010
CUSTOMER NO: 8122511
DOMESTIC AMENDMENT FILING
NAME: LOVE AND SUNSHINE REIKI, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender EXT# 62956

EXAMINER'S INITIALS: \_\_

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVE AND SUNSHINE REIKI, LL			
(Name of the Limited L (A I	Inhility Company as it now apper lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L17000012503</u>			and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company l	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "I.LC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u>———</u>		
registered agent and/or the new registered office  Name of New Registered Agent:	<u>address here</u> :		
		-	
New Registered Office Address:	Enter Flo	rida street address	
		Florida	
	City	, Florida _	Zių Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regiscompany has been notified in writing of this chan	nd complete performance of d agent as provided for in ( tered office address, I herei ige.  If Changing Registered Ag	my duties, and I am Chapter 605, F.S. Or, by confirm that the liv	familiar with and if this document is nited liability
	Page 1 of 3		824 824 0

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>	Name	Address	Type of Action
AMBR	Stephen Scrobe	1137 SW 40TH TERRACE, CAPE CORAL, FL, 3	3914 <b>□</b> Add
			☐ Remove
			Change
			🖸 Add
			□ Remove
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