L180000/6382

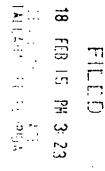
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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FEB 1 6 2018



January 31, 2018

RICHARD MONIZ JR 20244 NORTH 31ST AVE, APT 2139 PHOENIX, AZ 85027 US

SUBJECT: MIND BODY HEALTH LLC

Ref. Number: L18000016382

We have received your document for MIND BODY HEALTH LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing Page 1 of 3. Please complete the form and resubmit for filing.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 118A00002127

RECEIVED

COVER LETTER

TO: Registratio Division of	n Section Corporations		
MIND SUBJECT:	BODY HEALTH LLC		
Sobolici.	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corn	espondence concerning this matter	to the following:	
	Richard Moniz Jr		
		Name of Person	
	MIND BODY HEALTH L	ILC	
		Firm/Company	
	20244 north 31st ave, APT	2139	
		Address	
	Phoenix, AZ, 85027		
		City/State and Zip Code	
	emagineinc@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	on concerning this matter, please ca	dl:	
Richard Moniz Jr		401 675-7410	
Nai	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fee	S30.00 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
Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited L	HEALTH L.C. (v as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 4800016382.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		> ½: 5
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
	 	
Patanana and the address of applicables		्र _{विक्र}
Enter new mailing address, if applicable:		工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of		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 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
AMBR RICHARD MONIZ JR		20244 NORTH 31ST AVE	
		APT 2139, PHOENIX, AZ, 85027	Add
			Change
			Remove
			Change
			□ Add
			Remove
			□ Change
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ffective date, if other than the date an effective date is listed, the date must be stote. If the date inserted in this block document's effective date on the Department.		prior to di opticable ords.	ue of filing statutory	or more than 90 filing requires	(optional) days after filing nents, this date) .) Pursuant to 6 will not be li	ص 05.020 sted a	97 (s t
record specifies a delayed effe The 90th day after the record is	ctive date, but s filed,	not an	effectiv	ve time, at	12:01 a.m.	on the ear	ier o	f:
ted	2018							
								
Shanon	are of a member or au	<u>3</u>						

Page 3 of 3

Filing Fee: \$25.00