L18000047743

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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J. LEGGETT MAR 1 9 2018

COVER LETTER

TO: Registration Secti Division of Corpo	on rations		
SUBJECT:	Ten Mine Name of Line	Spa BH ited Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Manue of Person	°
	Zen	Mind Conce	epts BH LLC
	1209 1	JE 3 ST	
	FORT (drmar E-mail address: (City/State and Zip Code City/State and Zip Code To be used for future annual report in	FL 33301 ail. com otilication)
For further information con-		•	
Name of Po	a Reis	at (954) Code Dayt	ime 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

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 __ Florida document number <u>L18000047743</u> 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 designation "LLC" or the abbreviation "LLC." 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 _

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.

City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
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date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing r		Cursuant to 60
ent's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	ne, at 12:01 a.m. or	ı the earli
March 11 . 2018.		

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Filing Fee: \$25,00