

L20000 104262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

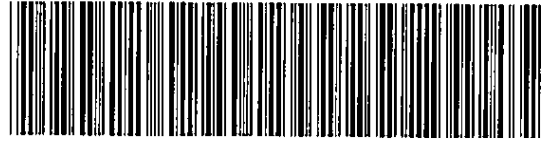
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JUL 14 2020

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S. YOUNG

2020 JUL 14 PM 4:32

2020 JUL 14 PM 4:32

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EHISED2, LLC

\_\_\_\_\_  
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:

EHIMEN SEDENU

\_\_\_\_\_  
Name of Person

NU MIND BODY HEALTH, LLC

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

10542 MOSS PARK RD. STE 204-363

\_\_\_\_\_  
Address

ORLANDO, FL 32832

\_\_\_\_\_  
City/State and Zip Code

ehised@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EHIMEN SEDENU

321 418-4388  
at ( )

\_\_\_\_\_  
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 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**

EHISED2,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 APRIL 15, 2020 and assigned

Florida document number L20000104262

This amendment is submitted to amend the following:

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

NU MIND BODY HEALTH, 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:**

10524 MOSS PARK ROAD STE 204-363

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FLORIDA 32832

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

10542 MOSS PARK ROAD STE 204-363

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

ORLANDO, FL 32832

**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:

IBHALUKHOLOR SEDENU

New Registered Office Address:

10542 MOSS PARK ROAD STE 204-363

*Enter Florida street address*

ORLANDO


*City*

Florida 32832

*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	EHIMEN SEDENU	10524 MOSS PARK RD. STE 204-363	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IBHALUKHOLOR SEDENU	10542 MOSS PARK RD. STE 204-363	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
 Note: If the date inserted in this block does not contain a month or day, the date will be deemed to be the date of filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Sedenu, Ibhalukholo

**Filing Fee: \$25.00**