# P09000067509

(R	equestor's Name)			
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(Document Number)				
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SECRETARY OF STATE

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## RECEIVED

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# FLORIDA DEPARTMENT OF STATE BUYERS OF THE BU

June 25, 2015

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KELLY PIERCE PINEDA / BODYMINDSPIRIT THERAPY CENTER 1045 E ATLANTIC AVE SUITE 205 DELRAY BEACH, FL 33483 US

SUBJECT: THINK SWEET, INC. Ref. Number: P09000067509

We have received your document for THINK SWEET, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

## (2) If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

You did not even send the last page of the document. You must fill it out and sign.

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) 245-6050.

### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: THINK Sweet, Inc.  DOCUMENT NUMBER: P09000067509
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelly Pierce Pirada Name of Contact Person
Body Mind Soir + Therapy Center, Ing
1045 E Atlantic Are sux 205
DURay Beach, FL 33483  City/ State and Zip Code
Kellypiercelmft@hotmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Contact Person
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment FILED SECRETARY OF STATE Articles of Incorporation 15 JUL -9 AH 9: 34 Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: Body Minds Lone word A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address		
1)Change		<del>-</del>				_
Add			1	$\rightarrow$	/	_
Remove			$\bigvee$			_
2) Change	<del></del>	_				-/
Add	Λ	1	1			-
Remove					_/_	<del></del>
3) Change	1-	_ \	<u> </u>			<u>-</u>
Add				<u> </u>		_
4) Change				<del> </del>		_
Add						<del>-</del>
Remove				<u> </u>		_
5) Change		/	 <del></del>			_
Add						
Remove				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<u> </u>	_
6)Change	/		 			<del>-</del>
Add						_
Remove						

If amending of (Attach addition	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
	•
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)
	MA

The date of each amendment(s) adoption:		<u>ខ្យុង</u>	; , if other than the
date this document was signed.	S	ECRETARY OF SIGN OF COR	FSTATE
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment AIS	dgregs -9 A	NH 9: 31
Adoption of Amendment(s) (CH	EGK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the pproval.	amendment(s	s)
	e shareholders through voting groups. The foll group entitled to vote separately on the amen		ent
"The number of votes cast for the amen	dment(s) was/were sufficient for approval		
by	ing group)		
(vot	ing group)		
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action a	and shareholde	er
	incorporators without shareholder action and s	hareholder	
action was not required.  Dated  Signature	lle Pilace Pineda	_	
	dent of ther officer - if directors or officers h	nave not been	<del></del>
selected, by an inco	rporator - if in the hands of a receiver, trustee		1
appointed fiduciary	Kelly Perce	Pined	a
<del></del>	(Typed or printed name of person signir	1g)	
7	Sirety President		
<del></del>	(Title of person signing)		