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Certified Copies	Certificates of	f Status
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COVER LETTER

Division of Corporations
SUBJECT: Bodyworks of Perolido Key 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:
Cyuthia L. Roorigiez Name of Person
Bodyworks of Perdido Key
13564 Perdido Key Dr.
Pensacola FL 32507 City/State and Zip Code
book works of perchap amail report notification)
For further information concerning this matter, please call:
Cyuthia Leadriguez at (\$50) 356-6311 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status S55.00/Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Li	ability Company)			
The Articles of Organization for this Limited Liab		vere filed on <u>Decey</u>	nber 12, 2	ा <u>७</u> and as	signed
Florida document number L160002	244.77		;		
This amendment is submitted to amend the follow	ring:		i.		Ti
A. If amending name, enter the new name of t	he limited liabil	ity company here:	;; f	20 P	F C
The new name must be distinguishable and contain the work	ds "Limited Liabilit	y Company," the designat	ion "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applicab	ole:			<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)			•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		135/04 Pe Pensacol	rdido K a, FL	ey Dr.	507_
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name	of the ne
Name of New Registered Agent: New Registered Office Address:	Cynth 13564 Pensa	Perdido Enter Florida stra	CONICULA Vet address Florida _	3251	07
Nam Dagistanad Agant's Signature if shows :- D-	rintamed towards			ay onat	

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.

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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cyuthia L. Radriguez	13564 Perdido Key Dr.	Add
		13564 Perdidokey Dr. Pensacola, FL 32507	🗆 Remove
			Change
MGR	Cynthia L. Overly	1053 Oak View Dr.	□ Add
MGR Cynthia L. Overly	,	Pensacola, FL 32504	7_DRemove
			🗆 Change
			□ Add
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Filing Fee: \$25.00