115000/74952

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FEB 21 2019 I ALBRITTON

COVER LETTER

Division of Co	rporations		
	Life Story LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Erica P. Queely		
		Name of Person	
	My Dress Life Story LLC		
		Firm/Company	
	1232 Middlebrook Drive		
		Address	
	Pensacola Florida 32506		
	mydresslifestory@gmail.co	City/State and Zip Code	
		to be used for future annual report no	
For further information	concerning this matter, please c	·	milearenty
For further information (concerning his matter, prease c	att.	
Erica P. Queely		407 790-5020 at ()	
Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
	<u>-</u>	D 655 00 Pillan Pag 8	TI 660 00 Tiller II
■ \$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)
MAII	ING ADDRESS:	STREET/COU	RIER ADDRESS:
Regist	ration Section	Registration Sec	tion
Divisio	on of Cornorations	Division of Corr	marutuans

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AN	TO ESCOTT	O	
ART	TICLES OF (ORGANIZATION OF	and assigned
My Dress Life Story LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	7,3,
The Articles of Organization for this Limited Florida document number L15(00)174952	Liability Company	were filed on October 14, 2015	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	oility company here:	
BehindEveryBody LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	1232 Middlebrook Drive	
Principal office address MUST BE A STRE	ET ADDRESS)	Pensacola Florida 32506	
Enter new mailing address, if applicable:		1232 Middlebrook Drive	
Mailing address MAY BE A POST OFFICE	EBOX)	Pensacola Florida 32506	
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the new
Name of New Registered Agent:	No Change		
New Registered Office Address:	No Change		
	-	Enter Florida street address	
		, Florid	a
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			
			□ Remove
			Change
N/A			
			Remove
			Change
N/A			Add
			☐ Remove
			☐ Change
N/A			
			☐ Remove
			☐ Change
N/A			Add
			□ Remove
			Change
N/A			□ Add
			Remove
			☐ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.		
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Dated 11 February 2019	If the	
FROM		ne 90th day after the record is filed.
FROM		
Signature of a member or authorized representative of a member	(b) T	11 Fobruary 2019
Signature of a member or authorized representative of a member	(b) T	ed 11 February . 2019
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Page 3 of 3

Filing Fee: \$25.00