LD8000058194

(Reque	estor's Name)			
(Addre	ss)	`		
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		

Special Instructions to Filing Officer:

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APR 20 2010

EXAMINER

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SECRETARY OF STATE

COVER LETTER

	stration Se tion of Cor					
CHDIECT.		Able	Lassie LLC			
SUBJECT:						
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Julie	Julie McCulloch Miramontes			
			Name of Person			
	Able Lassie LLC					
	Firm/Company					
	707 Pruitt Drive					
			Address	dy a section of the s		
		Made	eira Beach Florida 33708			
			City/State and Zip Code	· · ·		
			jewelsj@live.com to be used for future annual report notif			
n	C			,		
For further in	iormation c	oncerning this matter, please of	au:			
	Juli	e McCulloch	at (_727_)	433-3291		
	Name o	f Person	Area Code & Daytime Telephone Number			
Enclosed is a	check for the	ne following amount:				
\$25.00 Fil	ling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COUR Registration Section	on			
Division of Corporations		Division of Corpo	rations			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Able Lassie LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on June 12, 2008 and assigned
1.00000050	
Florida document numberL08000058	<u>194 </u>
This amendment is submitted to amend the follo	
A. If amending name, enter the new name of	the limited liability company here: A BETTER BODY BY JEWELS, LC
. 💃 🛕 В	etter Body by Jewels,LLC
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on our records, <u>enter the name of the new</u> fice address here:
Name of New Registered Agent:	Julie McCulloch
New Registered Office Address:	JAKE 10
How Rogistored Office Fragiess.	Enter Florida street address 🚊 📑
	City, Florida City
New Registered Agent's Signature, if changing Registered Agent:	
the provisions of all statutes relative to the praccept the obligations of my position as registed to merely reflect a change in the r	d agent and agree to act in this capacity. I further agree to comply with roper and complete performance of my duties, and Pam familiar with and stered agent as provided for in Chapter 608, F.S. Or, if this document is registered office address. I hereby confirm that the limited liability
company has been notified in writing of this c	change.
	If Changing Register)d Agent, Signature of New Registered Agent
	and the second s

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julie McCulloch		Add Remove
			Add Remove
	·		Add Remove
			T Damasia
			[fig
4			Remove
D. If an	nending any other information, o	enter change(s) here: (Attach additional sheets,	if necessary.)
	Pls change name from Abl	e Lassie LLC to:	
A	Better Body by Jewels,LLC		
	New Agent is: Julie McCull	och	
Dated	April 12,	. 2010	
Dated)	
	Signature	of a member or authorized representative of a memb	per
		Julie McCulloch Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00