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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COYER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: New Body, 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:						
Kathleen Palmer Name of Person						
New Body LLC Firm/Company						
4004 Shady Dak Ct.						
City/State and Zip Code Kathy Dalmer (Mel. com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kathy Palmor at (321) 231 505 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						

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MAILING ADDRESS:
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

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T,	SECRETARY OF an

New T	Body LLC	SECRETARY OF STATE	
	bility Company as it now appears rida Limited Liability Company)	on our records SEE. FLORIDA	
The Articles of Organization for this Limited Liabil Florida document number <u>LO900039</u>	•	11 23, 2009 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company	y," the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter the name of the nev</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, Florida	
	City	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manage or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name | **Address** Christian Palmer Remove ☐ Add Remove ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00