L10000013650

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COVER LETTER

TO: Registration Division of C			
SUBJECT:			
SUBJECT:			
	of Amendment and fee(s) are su		
	А	DRIENNE C. HENDRIX	
Name of Person THE BODY EXTENDED, LLC			
Firm/Company			
2931 KERRY FOREST PARKWAY, #201		701	
		Address	AAR C
TALLAHASSEE, FL 32309			PILED OUT 31 RM 1: 07 SECRETARY OF STATE ALLAHASSEE: FLORID
City/State and Zip Code body.extended@gmail.com		31 RAT	
		(to be used for future annual report notification	
For further information	n concerning this matter, please	call:	Fi 07
ADRIE	ENNE C. HENDRIX	at (850) 727-	0493
Nam	e of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing 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)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BODY EXTENDED, LLC

(Name of the Limited Liabilit (A Florida	y Company as it now app Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL10000013650	Company were filed on _	5 FEBRUARY 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Con	mpany," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ZBIII OCT 3
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address o lress here:	n our records, enter th	hame of the hew
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	ess	
	, 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 Changing Registered Agent, Signature of New Registered Agent

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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGRM JERRY D. HENDRIX 2329 KILLARNEY WAY **☑** Add TALLAHASSEE, FL 32309 Remove ☐ Add Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 28 OCTOBER 2011 Dated

Page 2 of 2

ADRIENNE C. HENDRIX
Typed or printed name of signee

Signature of a member

Filing Fee: \$25.00

representative of a member