L10000104009

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflofile #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900208620839

06/13/11--01053--018 **25.00

11 JUN 17 PM 3:00

SECRETARY OF STATE
DIVISION OF CORFORATIONS



COVER LETTER

Division of C	orporations		
SUBJECT:	BODYFLA	ASHWORLD, LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	L	aShawn Thomas, Esq.	
		Name of Person	
		ChaseLawyers	
		Firm/Company	
	21 S	SE 1st Avenue, Suite 700	
		Address	
		Miami, Florida 33131	
		City/State and Zip Code	
	MiamiEn E-mail address: (tertainmentLaw@gmail.com to be used for future annual report notifica	ution)
For further information	concerning this matter, please of	•	
	Shawn Thomas	a.	73-7665
Name	of Person	Area Code & Daytime	Celephone Number
Enclosed is a check for	the following amount:		
\$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)

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



RECEIVED

11 JUN 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 14, 2011

LASHAWN THOMAS, ESQ CHASE LAWYERS 21 SE 1ST AVE - STE 700 MIAMI, FL 33131

SUBJECT: BODYFLASHWORLD, LLC

Ref. Number: L10000104009

We have received your document for BODYFLASHWORLD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00014522

ARTICLES OF AMENDMENT

FILLU TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONS OF CORPORATIONS **OF**

11 JUN 17 PM 3:00

Name of the Limited Liability Compa (A Florida Limited I	WORLD, LLC ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/05/2010	and assigned
Florida document numberL10000104009			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	signation "LLC" or the abbreviation Suite 800 Suite 800 Suite 800
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	1395 Brickell	Avenue, Suite 800	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida	a, US 33131	
Enter new mailing address, if applicable:	1395 Brickell	Avenue, Suite 800	
(Mailing address MAY BE A POST OFFICE BOX)	Mìami, Florida	a, US 33131	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	ur records, enter the	
		. Florida	
	City	riyi wa	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:

<u>Name</u>	Address	Type of Actio
		Add
		Remove
		Add Remove
		Add Remove
 		Add Remove
		Add Remove
]Add
		Remove
nmending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
nmending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	- 1
amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	NOF 11
amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	11 JUN 17 PM 3: 08
x Pashawn	change(s) here: (Attach additional sheets, if necessary.) Mornal member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00