## 111000035520

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SEGRETARY OF STATE TALLAHASSEE, FLORID,

## **COVER LETTER**

SUBJECT:	BODY	ENGLISH LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	<del></del>	JIM ENGLISH		_		
		Name of Person				
	BODY ENGLISH LLC					
	Firm/Company					
13432 BOYETTE RD						
	Address				201	
	RIVERVIEW FL 33569			CRE!	2011 MAR 30	-17
		City/State and Zip Code		TARÝ OF ASSEE:	~30	-
	E-mail address: (	to be used for future annual report not	fication)	SE S	<b>₽</b>	
For further information c	concerning this matter, please c	all:		F STATE FLORIDA	PM 4: 23	A STATE OF THE STA
JIL JII	M ENGLISH	at (_727 )	251-0969			
Name o	of Person	Area Code & Daytir	ne Telephone Numbe	er		
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	iling Fee ate of Sta ed Copy onal copy	atus &	osed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

BOD	Y ENGLISH LLC				
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now app a Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Florida document number L11000035520	Company were filed on _	MARCH 24, 2011	and assigned		
Florida document numberL11000035520	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company l	<u>iere</u> :			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:			, 2		
(Principal office address MUST BE A STREET ADL	DRESS)				
		HASS	SELRETARY		
Enter new mailing address, if applicable:			R R		
(Mailing address MAY BE A POST OFFICE BOX)		7	STATE 2		
	<del></del>	<u>_</u>	Ξ''' ω		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ad		our records, enter th	ne name of the new		
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 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 Address ' Type of Action Title Title **Name** MARYAM K SABOUR MGRM 13432 BOYETTE RD ✓ Add Remove JAMES LEONINENGLISH

JEM ENGLISH Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EMAIL -> GOPLAYSOME GOLFE YAHOO.COM Dated 3/28/11 Signature of a member or authorized representative of a member JIM ENGLISH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00