## LIZ 000065503

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
	(0) 1 7: (0)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	
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## **COVER LETTER**

то:	Registration Se Division of Cor			
eun utz	Body Mant	ra LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		Kathleen Maloy		
			Name of Person	
			Firm/Company	
		2429 Iron Canyon Dr.		
			Address	
		Park City, UT 84060		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c	all:	
Hathleer	n Małoy		941 962-5870 at ( )	
	Name o	f Person		e Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ <b>\$</b> 25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	ction
	Registration S Division of C		Registration Se Division of Cor	
	P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND ARREST TO THE PROPERTY OF THE PRO

21 MAY 13 AM 9: 51

Body Mantra, LLC

(Name of the Limi	(A Florida Limited	Liability Company)	ur records.)
The Articles of Organization for this Limited L Florida document number L12000065503		were filed on Jan 15, 2	021 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lial	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our record	s, enter the name of the new registered
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	<u></u>	Enter Florida sti	eet address
			, Florida Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
I hereby accept the appointment as registery provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of my a provided for in Chap	luties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

21 HAY 13 AH 9: 51

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeannie Abreu	114 Lake Dr.	<b>=</b> Add
		Lutz, FL 33548	□Remove
			Change
<del></del>			□Add
			Remove
			□Add
			□Remove
			Change
			DAdd
			□ Remove
			Change
			□Add
		□Remove	
			Change
	<u></u>		□Add
			Remove
			□Change

N/A	21 HAY 13 AH 9: 51
	21 MAT 13 MI 3 G
	<u> </u>
ffective date, if other than the date of filing: April 26, 2021	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days after filing.) Pursuant to 605.0207 (.
lote: If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not be listed as the
ocument's effective date on the Department of State's records.	
	0
record specifies a delayed effective date, but not an effective time, at 12:0 lis filed.	01 a.m. on the earlier of: (b) The 90th day after the
ris med.	
May 6, 2021 ,,	
ated	
10////////	
Signature of a member or authorized repre	sentative of a member
Signature of a member of authorized repre	

Filing Fee: \$25.00