# L12000090115

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

Ī

Office Use Only



400275607014

08/03/15--01046--020 \*\*25.00



# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	seach Body D Name of Lim	esian LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Monic	Bryan Name of Person	
,	Beach (	Body Design L	<u> </u>
	12702 H	otchison Blvd.#	46
	Panama	City Beach, FL City/State and Zip Code	32407
	monicabeachbad E-mail address:	udesian a hotmail. Co	cation)
For further information co	oncerning this matter, please ca	all:	
Monica Name of	Bryan Person	at (850) 276. Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

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

FILED

ARTICLES OF ORGANIZATIONS AUG -3 AM 7: 52
OF
SECRETARY OF STATE

(Maine of the Linite	(A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	iability Company were filed on 7/11/2012 and assigned
Florida document number <u>L 120000 90</u>	<u>)115                                   </u>
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	Monica Bryan Same
New Registered Office Address:	Same Enter Florida street address
	. Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing F	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 605, 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

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR Owner	Marica Bryan	12202 Hutchison Blvd. #460 Panama City Boh., FL 324	—— ♥Add +0 <del>7-</del>
			□ Remove
MGR		<del></del>	Change
Omver	Monica Dokken	6 E. 44 St. PCFL 3	24010 Add
			Remove
			Change
<del></del>			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
	,		DbA
			Remove
•			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

	Name	change	due	to	divorce	)			
	, , , , , , , , , , , , , , , , , , , ,							<u> </u>	
	<del></del>		•						
		<del></del>						<del></del>	
							•		
	<u></u>	<del></del>		<del></del>					
	<del></del>			0				•	
								* * * * * * * * * * * * * * * * * * * *	
						· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·								
									_
								المجن المسيد المثاني عنواد	195
							* ***		EG.
								السيد عيدية أي ريز إ	\ - -
									a Gu
									. F
		•							
									•
Effective of	late, if other t	than the date one date must be spec	f filing:	he prior to	date of filing or r	nore than 00 de	(optional)	humanant to 605 0	<b>ว</b> ก <del>ร</del> (2)
Note: If the	e date inserted	in this block doe	s not meet the	applicabl	le statutory filir	ng requiremen	its, this date wi	Il not be listed	as the
document	s effective date	on the Departme	ent of State's r	ecords.					
	: <b>:</b> :	d = 1 = d = 66			ee				_
The 90	specifies a th day after	delayed effec the record is	tive date, b filed.	out not a	an effective	time, at 12	::01 a.m. or	the earlier	of:
	,						,		
Dated	23 1	14	20	<b>.</b>					
				<u>`</u>	•				
		$\rightarrow \sim \sim$	2						
		/YK	<u> </u>						
		Signatu	re of a member	or authoriz	ed representative	of a member			

Page 3 of 3

Filing Fee: \$25.00