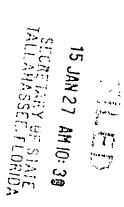
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3. SHAVENS FEB 0 4 2015

## **COVER LETTER**

Div	ision of Corpo	rations				
SUBJECT:	Shapes Fra	anchising, LLC				
Sebule1.		Name of Limited	I Liability Company			
The enclose	d Articles of Ar	mendment and fee(s) are submi	tted for filing.			
Please return	n all correspond	ence concerning this matter to	the following:			
		Scott P. Weber				
			Name of Person			
		Scott Phillip Weber, P.	Α.			
			Firm/Company			
		3709 W. McKay Avenu	ne			
		Address				
		Tampa, FL 33609				
			City/State and Zip Code			
		sheila@franchiselegals		<del></del>		
	ě	E-mail address: (to l	be used for future annual report not	ification)		
For further i	nformation con	cerning this matter, please call:				
Scott We	ber		813 337-665			
	Name of P	erson	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for the	following amount:				
\$25.00 1	Piling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shapes Franchising, LLC	
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on July 31, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address , Florida
	City \(\sum_{\subset} \sum_{\subset} \)ZipCgde
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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Vince Julian	2720 Broadway Center Blvd.	
		Brandon, FL 33510	■ Remove
MGR	Vince Julien	2720 Broadway Center Blvd.	Add
		Brandon, FL 33510	Remove
·			
			15 Regione 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			AH A
			□ Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<del>'</del>	
The effective the date this	date, if other than the date of filing:
Jated Ja	nuary 23 , 2015
Daicu	Tett P. Web
Daicu	5 all 1. Web
	Signature of a member or authorized representative of a member  Scott P. Weber, Manager

Page 3 of 3

Filing Fee: \$25.00

15 JAN 27 AM 10: 38
SEGRETARY OF STATE