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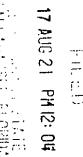
(Requestor's Name)
(Address)
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S. WARREN AUG 2 2 2017

COVER LETTER

	egistration Sec ivision of Corp						
ello trzer		chising, LLC					
SUBJECT	:	Name of Lim	ited Liability Company				
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspor	ndence concerning this matter	to the following:				
		Scott P. Weber					
	Name of Person						
		Scott Phillip Weber, P.A.					
	Firm/Company						
	3709 W. McKay Avenue						
Address							
	Tampa, FL 33609						
City/State and Zip Code							
	sheita@franchiselegalsolutions.com E-mail address: (to be used for future annual report notification)						
For further	information co	oncerning this matter, please ca					
Scott P. W	out P. Weber 813 337-6650						
Name of Person at () Name of Person Area Code Daytime Telephone Numb							
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fee	S30.00 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 ARTICLES OF ORGANIZATION OF

Shapes Franchising, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords,)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L12000098562}{L12000098562}$.	were filed on <u>7/31/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5651 38th Avenue N.	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33710	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street a	ddress
		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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rory O'Dwyer	5651 38th Avenue N.	≅ Add
		St. Petersburg, FL 33710	□ Remove
			☐ Change
MGR	David Schaefers	5651 38th Avenue N.	■ Add
		St. Petersburg, FL 33710	_ ☐ Remove
			Change
MGR	Harris, Debbie Stewart	5751 38th Avenue N.	□ Add
		St. Petersburg, FL 33710	Remove
			■ Change
		<u> </u>	□ Add
			Remove
			□ Change
			Add
			Remove
			□ Ch ange
		·	Remove:

Filing Fee: \$25.00