

L13000163092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

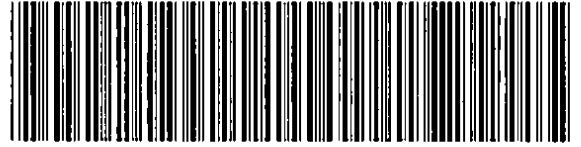
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23 AUG 25 PM 12:16
FULTON COUNTY CLERK
FULTON COUNTY, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A New You Raw L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda L Johns
Name of Person

Firm/Company

8430 Marsala Lane
Address

Jacksonville Florida 32244
City/State and Zip Code

dreambig381@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda L. Johns at (904) 994-4802
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
23 AUG 25 PM 12:15
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-25-2015 BY 60322
UCBA

A New You Raw L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-26-2013 and assigned
Florida document number LL3000163092

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Intuitive Body L.L.C.

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**)

5430 Marsala Lane
Jacksonville FL 32244

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5430 Marsala Lane
Jacksonville FL 32244

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Amanda L Johns

New Registered Office Address:

5430 Marsala Lane Jax FL 322

Enter Florida street address

Jacksonville, Florida 32244

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.

Amanda Johns

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Amanda Johns

Typed or printed name of signer

Filing Fee: \$25.00