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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Smoothie Cafe LLC 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:
Chris Valentino Name of Person
Firm/Company
5713 Hawk Grove Pl
L.7th.in fl 33547
City/State and Zip Code Broker Christ E-mail address: (to be used for future annual report)notification)
For further information concerning this matter, please call:
Chris Valentino at (813) 967-2108 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

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**

Smoothie Cafe ILC			
(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 4/24/14 Florida document number 4/4009/010/09	and	l assigi	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here: Beach Body Cafe UC			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	abbreviatio	on "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the nar		
Name of New Registered Agent:		ļ.	er y dig
New Registered Office Address:	.,	3	•
		150	*****
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New Registered Agent's Signature, if changing Registered Agent:	· zip Co	me J	

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:

<u>Title</u>	Name	<u>Address</u>	Type of Action
 MGR	Name Jake F Peacock		
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Effective date, if other than The effective date must be specific, the date this document is filed by the	the date of filing: (optional) cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if other than (The effective date must be specific, the date this document is filed by the Dated 7/14/20	he Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00