

L15000661864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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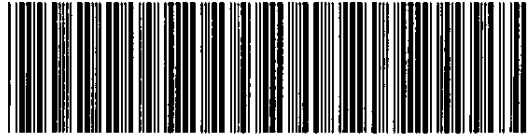
(Business Entity Name)

(Document Number)

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J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IBOD MEDSPA 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:

CRYSTAL RYAN

Name of Person

IBOD MEDSPA LLC

Firm/Company

2 OAKWOOD BOULEVARD, SUITE 190

Address

HOLLYWOOD, FLORIDA 33020

City/State and Zip Code

CRYSTAL@IBODYMEDSPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRYSTAL RYAN

at (954) 888-8153

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

IBOD MEDSPA LLC

(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 APRIL 8, 2015 and assigned Florida document number L15000061864.

This amendment is submitted to amend the following:

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

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)

2 OAKWOOD BOULEVARD

SUITE 190

HOLLYWOOD, FLORIDA 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2 OAKWOOD BOULEVARD

SUITE 190

HOLLYWOOD, FLORIDA 33020

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:

New Registered Office Address:

2 OAKWOOD BOULEVARD, SUITE 190

Enter Florida street address

HOLLYWOOD

City

Florida

33020

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CRYSTAL RYAN	2 OAKWOOD BOULEVARD	<input type="checkbox"/> Add
		SUITE 190	<input type="checkbox"/> Remove
		HOLLYWOOD, FLORIDA 33020	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


13 MAY 29 PM 1964
SEATTLE
NATIONAL BUREAU OF INVESTIGATION

15 MAY 29 PM 4:38

E. Effective date, if other than the date of filing: _____ (optional)  33
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MAY 21, 2015


Signature of a member or author

CRYSTAL RYAN, AUTHORIZED MEMBER

Typed or printed name of signee