

L15000151200

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR -2 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BODY AND SOUL 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:

EUGENE ALLSWORTH

Name of Person

BODY AND SOUL CAFE LLC

Firm/Company

2107 ANITA AVE S.

Address

LEHIGH ACRES, FL 33976

City/State and Zip Code

GENEALLSWORTH@GMAIL.COM

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

For further information concerning this matter, please call:

EUGENE ALLSWORTH

401 585-5074
at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BODY AND SOUL LLC

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

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2017 FEB 28 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 09, 2015 and assigned
Florida document number L15000151200.

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)

11770-A METRO PARKWAY

FORT MYERS, FL 33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2107 ANITA AVE S.

LEHIGH ACRES, FL 33976

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:

EUGENE ALLSWORTH

New Registered Office Address:

2107 ANITA AVE S.

Enter Florida street address

LEHIGH ACRES

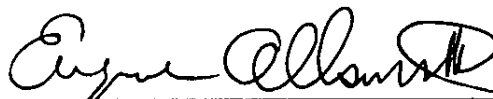
Florida 33976

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KELLIE AKEHURST	19840 ADAMS RD FORT MYERS, FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMB	ANDREW AKEHURST	19840 ADAMS RD FORT MYERS, FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	EUGENE ALLSWORTH	2107 ANITA AVE S. LEHIGH ACRES, FL 33976	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CHRISTY BOYER	2107 ANITA AVE S. LEHIGH ACRES, FL 33976	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ASHLEIGH KENDALL	212 MOSSROSSE ST. FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	ASHLEIGH KENDALL <i>EN</i>		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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2011 FEB 28 PM 4:41
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: MARCH 1, 2017 (optional)

(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.

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.

Dated FEBRUARY 24 2017

Eugene O'Sullivan

Signature of a member or authorized representative of a member

EUGENE ALLSWORTH

Typed or printed name of signee