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(Requestor's Name)
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,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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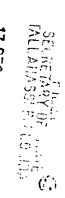
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COVER LETTER

	gistration Sec vision of Corp			
CHOIDET.		ONE INTERNATIONAL, LLC	3	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		Carlos Guerra Oehlerking		
			Name of Person	
		SCULPT ZONE INTERNA	ATIONAL, LLC	
			Firm/Company	
		2780 SW 87 AVE.102		
			Address	
		Miami, Fl. 33165		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co	alt;	
Carlos Guer	та		786 472-1933 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e 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

SCULPT ZONE INTERNATIONAL, LLC	lity Company as it non appears on our record	de \
(A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>us.</u> j
The Articles of Organization for this Limited Liability C	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		——————————————————————————————————————
(Principal office address MUST BE A STREET ADD.	RESS)	7 도 도 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
		上级表
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	***************************************	25 pr
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add		ls, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	S.S.
		lorida
	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	Carlos Enrique Cardenas	2780 SW 87 Ave., Suite 102	. Æ(Add
		Miami, Fl. 33165	□ Remove
			Change
			Add
			☐ Remove
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Effective date, if other than the default and effective date is listed, the date must Note: If the date inserted in this block document's effective date on the Depter of the date on the Depter of the date of the date of the Depter of the date of the	be specific and cannot be pri ck does not meet the appl	or to date of filing or mo icable statutory filing	(optional) re than 90 days after filing requirements, this date	.) Pursuant to 605.02
he record specifies a delayed The 90th day after the reco		not an effective tin	me, at 12:01 a.m.	on the earlier
Dated November 17	2017			
	0 1	thorized representative of		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00