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07/22/16--01007--017 **25.00

J. HARRIS

COVER LETTER

TO:

	Registration Sec Division of Corp				
		ORSINI LLC			
SUBJEC	CT:	Name of Limi	ted Liability Company		
The encl	osed Articles of A	Amendment and fee(s) are subt	nitted for filing.		
		ndence concerning this matter	_		
		JEFFREY REZNIK			
			Name of Person		
		BODY BY ORSINI LLC			
			Firm/Company		
4045 SHERIDAN AVE #172					
			Address		
		MIAMI BEACH, FL 3314	0		
		E-mail address: (t	to be used for future annual report notifi	cation)	
For furth	ner information co	oncerning this matter, please ca	all:		
JEFFREY REZNIK			973 864-4448 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ne 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	tions	

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Body by Orsini LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) (pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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:	3 10 - 1
Principal office address MUST BE A STREET ADDRESS)	- C marry
	7-12 N
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	92 w
munity wantess milit be it tool of the box	5m -
3. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the n
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Er	nter Florida street address
	, Florida
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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROLAND REZNIK	4945 SHERIDAN AVE #172	Add
		MIAMI BEACH, FL 33140	■ Remove
			☐ Change
			Add
			Remove
		<u> </u>	☐ Change
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Note: If the date inserted document's effective date	the date must be specific ed in this block does no te on the Department of a delayed effectiv	and cannot be prior to date of fil ot meet the applicable statuto of State's records. re date, but not an effec	ing or more than 90 days afte ory filing requirements, th	is date will not be liste	ed as t
JULY 18 Dated	,	2016			
Daicu	1:12	*		AE 5	
	11			<u> </u>	T-1
	Signature of	of a member or authorized repres	sentative of a member	AS	eur e
JEFFREY R	EZNIK			50 m	0
		Typed or printed name of s	ignee	<u> </u>	ا ه ر
				ID: 37	Hall St.

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Filing Fee: \$25.00