

L16000063538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

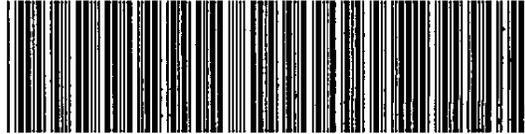
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
16 MAY 10 PM 4:06

MAY 11 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bodyfeed 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:

EDUARDO KEIER SILVA
Name of Person

Bodyfeed LLC
Firm/Company

412 SW 37TH TERRACE
Address

CAPE CORAL, Florida 33914
City/State and Zip Code

EKEIER@Bodyfeed.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDDIE KEIER at (239) 471 6907
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

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16 MAY 10 PM 14:06

**TO
ARTICLES OF ORGANIZATION
OF**

Bodyfeed 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 MARCH 30, 2016 and assigned Florida document number L16000063538.

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)

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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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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

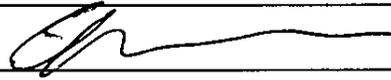
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDUARDO KELLER SILVA	412 SW 37TH TERRACE	<input type="checkbox"/> Add
		CAPE CORAL FL 33914	<input type="checkbox"/> Remove
		NEW MANAGER	<input checked="" type="checkbox"/> Change
MGR	PATRICIA CASTRO	412 SW 37TH TERRACE	<input type="checkbox"/> Add
		CAPE CORAL FL 33914	<input type="checkbox"/> Remove
		NEW AUTHORIZED MEMBER	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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NOTES -> When ORIGINAL COMPANY WAS FILED, WAS
ENTERED BY MISTAKE THE ORDER OF THE
MEMBERS, WE NEED SET EDUARDO KENEL
SILVA AS A MANAGER AND PATRICIA
CASTRO AS A AUTHORIZED MEMBER

THANK YOU



EDUARDO KENEL SILVA

Patricia Castro

PATRICIA TERRA CASTRO

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10 PM 4: 05
15 MAY 10

E. Effective date, if other than the date of filing: _____ (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 06/05, 2016



Signature of a member or authorized representative of a member

EDUARDO KENEL SILVA

Typed or printed name of signee