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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
CUDU		E XTREME LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	iclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	idence concerning this matter	to the following:		
		STEPHANA OCHOA			
		· <del></del>	Name of Person	····	
		BODY LOVE XTREME	LLC DBA GLAMOROUS HOUSE	OF BEAUTY	
			Firm/Company	<del></del>	
		7901 N ARMENIA AVEN	NUE SUITE A		
			Address		
		TAMPA, FLORIDA 3360	04		
		City/State and Zip Code			
		DCMSERVICESCENTER	R@GMAIL.COM  to be used for future annual report notifi	Laurios V	
For fur	rther information co	ncerning this matter, please ca	·	(Catton)	
STEP	HANA OCHOA		786 518-8617		
	Name of	Person		Telephone Number	
Enclos	ed is a check for the	following amount:			
\$2	5.00 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 LOVE XTREME LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 05-12-2016	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	7901 N ARMENIA AVENUE SUITE A	n DIV.
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FLORIDA 33604	NOF 8
Enter new mailing address, if applicable:	5416 WATSON RD	25 PH 3:
(Mailing address MAY BE A POST OFFICE BOX)	RIVERVIEW, FLORIDA 33578	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	<u>ere</u> :	ne_name_of_the
E416 \MATS	ON RD	
New Registered Office Address: 5410 WATS	Enter Florida street address	
RIVERVIEV	V	78
<del></del>	City	Zip Code

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
AMBR	STEPHANA OCHOA	5416 WATSON RD	
		RIVERVIEW, FL 33578	Remove
			■ Change
AMBR	DIEGO LOPEZ	5416 WATSON RD	
		RIVERVIEW, FL 33578	Remove
		·	☐ Change
			□ Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
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-		<del></del>	
			☐ Remove
			Change

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	06.24.2019		
Effecti	ve date, if other than the date of filing:	neught to bi	05 0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
aocum	ent's effective date on the Department of State's records.		
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the ear	lier of
	90th day after the record is filed.		
	JUNE 21 2018		
Dated			
	1 total and to the		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00