

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BODY LOVE XTREME 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:

STEPHANA OCHOA

Name of Person

BODY LOVE XTREME LLC DBA GLAMOROUS HOUSE OF BEAUTY

Firm/Company

7901 N ARMENIA AVENUE SUITE A

Address

TAMPA, FLORIDA 33604

City/State and Zip Code

DCMSERVICESCENTER@GMAIL.COM

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

For further information concerning this matter, please call:

STEPHANA OCHOA

786

518-8617

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

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	STEPHANA OCHOA	5416 WATSON RD	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DIEGO LOPEZ	5416 WATSON RD	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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