# L16000123057

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500289359685

08/24/16--01016--016 \*\*25.00

2016 AUG 24 PM 2: 34

K.SALY Examiner JUG 25

### **COVER LETTER**

TO:		istration Se ision of Cor			"	
CHID II	20T	Horacio Mo	olina LLC ·			
SUBJI	ECT:		Name of Lim	Name of Limited Liability Company		
The en	closed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspo	ndence concerning this matter	to the following:		
			Horacio Molina			
				Name of Person	<del>.</del>	
			Horacio Molina LLC			
			-	Firm/Company		
			108 West Beresford Ave			
				Address		
			Deland FL 32720			
			dmaria38@live.com	City/State and Zip Code	<del> </del>	
			E-mail address: (	to be used for future annual report no	tification)	
For fur	ther ir	nformation c	oncerning this matter, please ca	all:		
Gina N	Mewes	3		386 747-9097 at ()		
		Name o	f Person		me Telephone Number	
Enclos	sed is a	check for th	ne following amount:			
\$2	5.00 F	iling 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

# TO ARTICLES OF ORGANIZATION OF

2016 AUG 24 PM 2: 35

Zip Code

Horacio Molina 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 L16000123057 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Expert Body Shop LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

#### 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

## $\underline{\text{or removed from our records}}:$

MGR = M $AMBR = A$	lanager authorized Member		FILED	
<u>Title</u>	<u>Name</u>	<u>Address</u>	2016 AUG 24 PM 2: 25	Type of Action
MGR			SECRETARY OF STATE TALLAHASSEE, FLORIDO	Add
				☐ Remove
	12/6			Change
	<u>Change</u>			
				□ Remove
		<del></del>		☐ Change
				Add
				☐ Remove
				Change
<del></del>				
			and the state of t	□ Remove
				Change
14-11-11				
				□ Remove
				Change
				□ Remove
				Change

	2016 AUG 24 PM 2: 35
	Shring PM 2: 35
	SECRETARY OF STATE
	- CEE, FI ORIGI.
ctive date, if other than the date of filing:	: 6 27 /2016 (optional)
effective date is listed, the date must be specific and o	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 eet the applicable statutory filing requirements, this date will not be listed
• If the date inscribe in this prock does not inc	
ment's effective date on the Department of Sta	ate's records.
ment's effective date on the Department of Sta	ate's records.
ecord specifies a delayed effective da	
ecord specifies a delayed effective da ne 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlie
ecord specifies a delayed effective da ne 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlie
ecord specifies a delayed effective da ne 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlie
ecord specifies a delayed effective da ne 90th day after the record is filed. d <u>August</u> ,	ate, but not an effective time, at 12:01 a.m. on the earlier

Page 3 of 3

Filing Fee: \$25.00