116000186958

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DIVISION OF CORPORATIONS

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COVER LETTER

| | gistration Se rision of Cor | | | | | |
|---------------|-----------------------------------|---|---|--|--|--|
| CUDIECT. | Shaka Body | | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| The enclosed | l Articles of | Amendment and fec(s) are sub | mitted for filing. | | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | |
| | | Rosa Linton-Quade | | | | |
| | | | Name of Person | | | |
| | | Shaka Body Art LLC | | | | |
| | | | Firm/Company | | | |
| | | 4516 Runabout Way | | | | |
| | | - | Address | | | |
| | | Bradenton, FL 34203 | | | | |
| | | | City/State and Zip Code | | | |
| | | shakabodyart@gmail.com | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | |
| For further i | nformation c | oncerning this matter, please ca | ill: | | | |
| Rosa Linton | -Quade | | 239 2095205 at () | | | |
| " | Name o | f Person | Area Code Daytime | : Telephone Number | | |
| Enclosed is | a check for th | ne following amount: | | | | |
| □ \$25.00 E | 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Shaka Body Art LLC | |
|--|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number L16000186958 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabil | were filed on October 10, 2016 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "LEC." |
| Enter new principal offices address, if applicable: | 4516 Runabout Way |
| (Principal office address MUST BE A STREET ADDRESS) | Bradenton, Fl. 34203 |
| Enter new mailing address, if applicable: | 4516 Runabout Way |
| (Mailing address MAY BE A POST OFFICE BOX) | Bradenton, FI. 34203 |
| B. If amending the registered agent and/or registered of 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

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 |
|--------------|--------------|---------------------------|--|
| MGR | Shahar Pereg | 12530 Equestrian Cir #408 | |
| | | Fort Myers, FL 33907 | ■ Remove |
| | | | Change |
| | | | |
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| DIVISION OF CONCERNATIONS | ffective date, if other than the date of filing: | | | | | | | | | |
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| DIVISION OF CONVENIENTIONS | ffective date, if other than the date of filing: | | | | | | | | | |
| DIVISION OF CONCESSIONS | ffective date, if other than the date of filing: | | | <u> </u> | | | | | | |
| JUN 15 AH 11: 25 INSION OF CONFORMIUMS | ffective date, if other than the date of filing: | _ | | ·· | | | | | 9. | <u>-</u> 4 |
| DF CONFORMIONS | ffective date, if other than the date of filing: | | | | | | <u> </u> | | | الار |
| CONFORMATIONS | ffective date, if other than the date of filing: | _ | | | | | | - | <u>2</u> | N 15 |
| Directions | ffective date, if other than the date of filing: | - | | | | | | | ——convi | 至 |
| 19 x 5 | ffective date, if other than the date of filing: | - | | | | | | | | = |
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Page 3 of 3

Filing Fee: \$25.00