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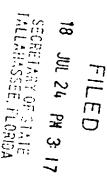
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## **COVER LETTER**

TO:	Registration Division of C		•	
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SUBJE)	CI;	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles (	of Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all corres	pondence concerning this matter	to the following:	
		NATALIE M. RESTIVO.	ESQ.	
		DY20 GLOBAL USA, LLC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  Prorespondence concerning this matter to the following:  NATALIE M. RESTIVO. ESQ.  Name of Person  WASCH RAINES, LLP  Firm/Company  2500 N. MILITARY TRAIL STE 100  Address  BOCA RATON, FL 33434  City/State and Zip Code  NRESTIVO@WASCHRAINES.COM  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  TIVO, ESQ.  Name of Person  Area Code  Daytime Telephone Number		
		WASCH RAINES, LLP		
			Firm/Company	
		2500 N. MILITARY TRA	IL STE 100	
		<del></del>	Address	mc Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy
		BOCA RATON, FL 3343	4	
		<del>-</del>	INES.COM	
		E-mail address; (	to be used for future annual report notif	lication)
For furt	ner information	n concerning this matter, please co	all:	
NATAL	IE RESTIVO.	, ESQ.		
	Name	e of Person	Area Code Daytime	2 Telephone Number
Enclose	d is a check for	r the following amount:		
<b>≅</b> \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		ILING ADDRESS:	STREET/COURI	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODY20 GLOBAL USA, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L17000004048	npany were filed on JANUARY 5, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	<b>6 6</b>
	?	と常と用
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LED 24 PH 3 17 24 PH 3 17 18 18 18 18 18 18 18 18 18 18 18 18 18
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
THE TOP AND A THE PARTY OF THE	Enter Florida street address	
	. Florida	
	Fiorida	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

Title MGR	<u>Name</u>	<u>Address</u>	Type of Action
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