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COVER LETTER

TO: **Registration Section Division of Corporations**

ROYAL R SUBJECT:	ESTORATIONS & REMODE	LING, LLC					
Source:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	J. Kelli de Sante						
	Name of Person						
	BODY BIOTICS INTERN	VATIONAL, CORPORATION					
		Firm/Company					
	PO BOX 296						
	Address						
	MADISON, FLORIDA 32	341					
	kelli@bodybiotics.com	City/State and Zip Code					
		to be used for future annual report notific	cation)				
For further information c	oncerning this matter, please c	all:					
Kelli de Sante		512 736-4797					
Name o	f Person		Telephone Number				
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL RESTORATIONS & REMODELING, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability C	ompany v	were filed on June 5, 2017	and assigned
Florida document number L17000122516	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liabil	ity company here:	- 1
deSante BOTANICALS, LLC			
The new name must be distinguishable and contain the words "Limit	ited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		249 SW RUTLEDGE ST.	` `
(Principal office address MUST BE A STREET ADDRESS)		MADISON, FL 32340	• •
			<u></u> .
			0.7
Enter new mailing address, if applicable:		PO BOX 296	
(Mailing address MAY BE A POST OFFICE BOX)		MADISON, FL 32341	-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office ac		ne name of the new regi
Name of New Registered Agent: SAME	NO CHA	NGE:	
Name of New Registered Agent: New Registered Office Address:	NO CHA		
Name of New Registered Agent:	NO CHA	NGE Enter Florida street address	
Name of New Registered Agent:	E/NO CHA		idaZin 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
	SAME/NO CHANGE		□Add
			□Remove
			Change
			□Add
			Change
	 		□Add
			☐ Change
			□Add
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			□Add
			□Remove
			□Change

249	SW RUTLEDGE ST.
MA	DISON, FL 32340
	•
	
reffecti <u>te:</u> If i	date, if other than the date of filing:
cord s s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed_S	Signature of a member or authorized representative of a member

Filing Fee: \$25.00