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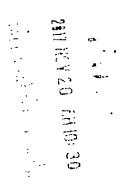
(Requestor's Name)
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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
CIID 1	FEMCONT			
SOBJ	ECT:		ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		VIVIANA ONGARO		
			Name of Person	
			Firm/Company	
		1931 NW 184TH TER		
			Address	
		PEMBROKE PINES, FL 3	3029	
			City/State and Zip Code	
		VIVIANAONGARO@GM		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please co	all:	
VIVIA	ANA ONGARO		786 306-6737	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEMCONTURE LLC			
(Name of the Limited Liability (A Florida)	y Company as it now appears on our re Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/12/2017		_ and assigned
Florida document number L17000127787			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company here:		
FEMCONTOUR LLC			
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "	'LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
• •			÷ .= .
<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)		<u> </u>
		····	<u> </u>
		<u>.</u>	27
nter new mailing address, if applicable:			<u>5</u>
Mailing address MAY BE A POST OFFICE BOX)		::	Ö
nating address MAT BE A 1001 OTTICE BOX	•	· · · · · · · · · · · · · · · · · · ·	
s. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, enter th	e name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ac	ddress	
		, Florida	<u></u>
	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
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
		 	☐ Change
			Add
			□ Remove
			☐ Change
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			☐ Remove
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			☐.Remove
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			□ Remove
			□ Change

		
		
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n effective date is listed, the date must b	k does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.020 illing requirements, this date will not be listed a
record specifies a delayed of the 90th day after the recor		e time, at 12:01 a.m. on the earlier o
OCTOBER 03	2017	2
	M) CHIC-	7HC)
	gnature of a member of authorized representa	tive of a member

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Filing Fee: \$25.00