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(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer.		

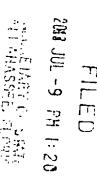
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COVER LETTER

Division of Corpo				
<u> </u>	o Valic	Body	By & LLC	•
SUBJECT: <u>4</u>	-X0110	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment an	d fce(s) are sub	omitted for filing.	
Please return all correspon	dence concert	ning this matter	to the following:	
	~			
		serve !	N. White	
			Name of Person	
			Firm/Company	
	1.	000 1	12 mg hu	
		1299-1	Howers Ave	
			1. (1) 20217	
	<u> </u>	<u>CKSonvil</u>	Civiferenced Zin Code	
	C	ssence	Le Fl 32217 City/State and Zip Code 9940 Daymail. 00	om.
		E-mail address: ((to be used for future annual report noti	fication)
For further information cor	ncerning this	matter, please c	all: .	
Name of	Person		at () Area Code Daytim	e Telephone Number
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Dankand is a about for the	. f. II			
Enclosed is a check for the			FT 655 00 UV. 11 0	□ 6 /0 00 000 p
□ \$25.00 Filing Fee	\$30.00 F Certific	ate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	$^{\prime}$	VIC	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	α	<u>-u ></u>		,
MAILING ADDRESS: Registration Section		STREET/COURI Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	see, FL 3231	1	2661 Executive Ce	
			Tallahassee, FL 32	2301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exotic Body (Name of the Limited	By &	LLC as it now appears or	our records.)	~ <u>~</u>	
The Articles of Organization for this Limited Liab Florida document number This amendment is submitted to amend the follow A. If amending name, enter the new name of t	. Florida Eimited Lia pillity Company w ving:	ere filed on		1	FILED
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:		Pavers Ave		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Leagg-7 Jackson	Powers A ville, F1 323)-c).17	
B. If amending the registered agent and/o registered agent and/or the new registered offi			ur records, <u>enter the</u>	e name of	the new
Name of New Registered Agent: New Registered Office Address:	6299-7	Powers J	Auc Jax F street address	1 32a	<u> </u>
	Jackson	nvi) le	, Florida <u>P1</u>	3221 Zip Code	7

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.

f 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	<u>Name</u>	Address	Type of Action
Manager	Essence White	6299-7 Powers Ave	Add
J		Jacksonnue F1 39217	□ Remove
			□ Change
		<u> </u>	☐ Remove
			Change
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), If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	tive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	07 (3)(b) is the
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Dated	07/09/18	
	Signature of a member or authorized representative of a member	
	Essence Unatted Typed or printed name of signee	FILED
	Page 3 of 3	D
	Filing Fee: \$25.00 55 ≥	