

L17000176751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

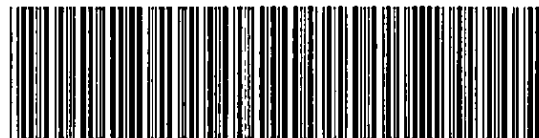
(Business Entity Name)

(Document Number)

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01/27/20 - 0.0-1-000 - 0.0-1-000

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 JAN 27 AM 7:21

FILED

FEB 22 2020

S. YOUNG

TO: Registration Section
Division of Corporations

SUBJECT: LLP C/OSS
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Hammond-Garcia
Name of Person

INTIMATE Body CARE
Firm/Company

5103 Monet Ave
Address

Belle Isle, FL 32812
City/State and Zip Code

AmyHAMS@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Hammond at 310, 696 9904
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ORGANIZATION
OF

L/P 2/55

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

FILED
2020 JAN 27 AM 7:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/22/20 and assigned
Florida document number L17000176751

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Intimate Body CARE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Same

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>President</u>	<u>Amy HAMMOND</u>	<u>5103 Monet Ave 32812</u>	<input checked="" type="checkbox"/> Add
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☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE ARE A SHOPIFY MARKETPLACE SELLING
PERSONAL BODY CARE PRODUCTS.
WE WILL FORMULATE Too Lips. ~~2~~ CAMELOT
WIPES & OTHERS WILL BE SOLD UNDER
THE BRAND INTIMATE BODY CARETM
SEE INTIMATE BODY CARE. SHOPIFY.COM
FOR FUTURE SALES.

E. Effective date, if other than the date of filing: DECEMBER 2019 (optional)

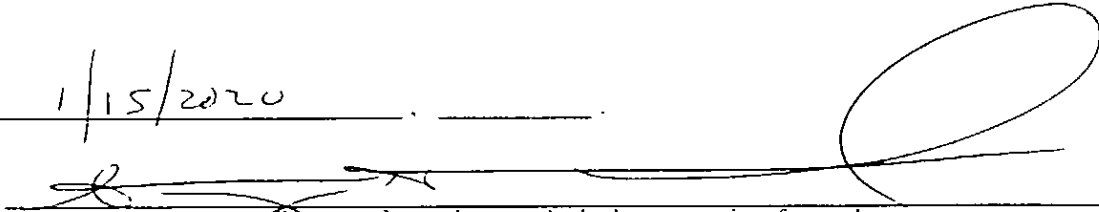
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

1/15/2020


Signature of a member or authorized representative of a member

Amy HAMMOND
Typed or printed name of signee