

L17000191488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

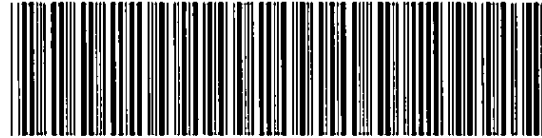
(Business Entity Name)

(Document Number)

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2018 OCT 22 PM 3:34
STATE OF FLORIDA
TALLAHASSEE

D BRUCE
NOV 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBEDIENT BODY SCULPTING STUDIOS LLC

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:

TAMARA GIBSON

Name of Person

DASH MEDICAL SERVICES LLC

Firm/Company

1386 BAILEY AVE.

Address

DELTONA, FL 32725

City/State and Zip Code

dashms1017@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMARA GIBSON

386 215-7212

Name of Person

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2010 OCT 22 PM 3:04
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OBEDIENT BODY SCULPTING STUDIOS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9/14/2017 and assigned
Florida document number L17000191488.

This amendment is submitted to amend the following:

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

DASH MEDICAL SERVICES LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: TAMARA GIBSON

New Registered Office Address: 1386 BAILEY AVE.

Enter Florida street address

DELTONA

Florida 32725

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TAMARA GIBSON	1386 BAILEY AVE.	<input type="checkbox"/> Add
		DELTONA, FL 32725	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2010 OCT 22 PM 9:04
 DEPARTMENT OF STATE
 HALL OF RECORDS
 FILED

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

ADD FEIN 82-2829441

FILED
2010 OCT 22 PM 3:54
CLERK OF DISTRICT COURT
FALLS CHURCH, VIRGINIA

E. Effective date, if other than the date of filing: _____ (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 10/9 2018

Tamara Hilson

Signature of a member or authorized representative of a member

TAMARA GIBSON

Typed or printed name of signee