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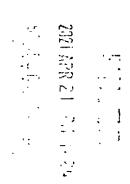
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COMPI

COVER LETTER

TO: Registration So Division of Co		
SUBJECT: Unt	Delievable Wonder, LLC Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Oarnisha Casandra Ferguson	
	Firm/Company	~-2
	709 W. Dania Brach Blvd. Apt 102	100 H 100 H
	Dania Beach, FL 33004	709 1
	Full Bodied LLC @ amail.com E-mail address: (to be used for future annual report notification)	• •
For further information c	concerning this matter, please call:	
Darnish o	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed)	tus &

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

Unbelievable	Word	er, LL		records)		
(Name of the Limit	(A Florida Limited)	Liability Compan	y)	recorus.)		
The Articles of Organization for this Limited Li Florida document number <u>L180003</u>	ability Company	were filed on	02/0	2/2018	and assigned	
This amendment is submitted to amend the follo						
A. If amending name, enter the new name of	the limited liab	ility company	here:			
FULL BODIED	LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," th	e designation	i "LLC" or the abbi	reviation "L.L.C."	_
Enter new principal offices address, if application	able:	709	W.	Dania	Beach	LBlvd
(Principal office address MUST BE A STREE	T ADDRESS)	_Apt_	102		767	
		Danie	1 Be	ach, Fl	_=3300	4
				. :		
Enter new mailing address, if applicable:				<u></u>		_
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			· · ·	2.3	
					<u></u>	_
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on oui	r records, <u>s</u>	enter the name	of the new regis	<u>tered</u>
Name of New Registered Agent:						_
New Registered Office Address:	709 h	1. Danie Enter F	a Bec	ach Bh	id, Apt	102
	Dania	Beac	h	_, Florida 🗧	33004 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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in effective date is listed, the da ote: If the date inserted in t	te must be specific : this block does no	and cannot be prior	r to date of filing o	r more than 90 days at	ter filing.) Pur his date will	rsuant to	605.02 listed
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Filing Fee: \$25.00