## 18000116964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	]
	Office Use Only	



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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

October 2, 2020

LYNN HARBAUGH 38224 JOURNEY LN LADY LAKE, FL 32159

SUBJECT: THE BODY CHANNEL, LLC Ref. Number: L18000116964

We have received your document for THE BODY CHANNEL, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

There is a balance due of \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 220A00019115

Division of Corporations DO ROY 6227 Tallahassan Florida 22214

www.sunbiz.org

COVER LETTER

TO: **Registration Section Division of Corporations** 

The Body Channel, UC Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Lynn I. Harbaugh Name of Person
the Body Channel, U.C. Firm/Company
38224 Journey Lane
Lizdy Lake, FL 32159 City/State and Zip Code
City/State and Zip Code Lyn @ the body channel. Com E-mail addless (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>770</u>) <u>655 460 5</u> Area Code Daytime Telephone Number Lynn Harbaugh Name of Person

Enclosed is a check for the following amount:

S25.00 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 A	MENDMENT
TO ARTICLES OF OR OF	GANIZATION
(Name of the Limited Liability Company (A Florida Limited Liab	annel, LLC as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we	re filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Lynn I. Harbaugh 38224 Journey Lone Laly Lake, The 32159
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ade agent and/or the new registered office address here:	iress on our records, <u>enter the name of the new registered</u>

Name of New Registered Agent:	Lynn I. H.	arbaugh
New Registered Office Address:	<u> </u>	ta street address
	Lady Lake	Florida <u>32159</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. Thereby 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
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Title	Name	- 月代 月代 5月12-32 Address	Type of Action
MS	Lynn I. Harbaugh	3822.4 Journey Lone	Add
		Lady Lake FC 32159	🗆 Remove
		(change from pre-dwarde name) Lynn Waldrop)	Change
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F Ffor	tive date, if other	than the date	of filing.	Mau	29. 3	20120	(option	al) dat	e of divorce
(lf an ef Note:	Nective date in other Nective date is listed, the If the date inserted nent's effective date	e date must be sp in this block de	secific and cannot b oes not meet the	se prior to <sup>1</sup> d: applicable	ate of filing	or more than	90 days after fil	ing.) Pursuant to	605.0207 (3)(b) listed as the
If the reco record is f	rd specifies a delaye iled.	d effective date	, but not an effe	etive time,	at 12:01 a	i.m. on the e	arlier of: (b)	The 90th day	after the

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

Dated	11/9/20		
		A	
		Signature of a member or authorized representative of a member	
		Lynn I. Harbaugh	
		Typed or printed name of signee	

Filing Fee: \$25.00