

48000183178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

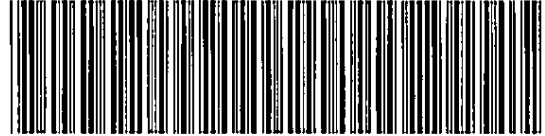
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23

AUG 25 2018

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bodycon Boutique 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:

Denise Barlow

Name of Person

Firm/Company

3900 Yorktowne Blvd Apt 5901

Address

Port Orange, FL 32129

City/State and Zip Code

denisepaige3@aol.com

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

For further information concerning this matter, please call:

JHGJHGJKHGGKK

Denise Barlow

Name of Person

at (386) 235 6995

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bodycon Boutique 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 7/31/18 and assigned Florida document number L18000183178.

This amendment is submitted to amend the following:

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

~~Bodycon Boutique LLC~~ BodyCon 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)

3900 Yorktowne Blvd
Apt 5901
Port Orange, FL 32129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3900 Yorktowne Blvd
Apt 5901
Port Orange, FL 32129

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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FILED
 18 JUN 20 PM 2:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

18 AUG 20 PM
SECURITY OF
FALL ARMSSET.

FILED
18 AUG 20 PM 12:20
SECURITIES DIVISION
TALLAHASSEE, FLORIDA
(1)

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 August 14, 2018

Kenise Berlin

Signature of a member or authorized representative of a member

Denise Barlow

Typed or printed name of signee