

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC
Account Number : I20220000100
Phone : (321)366-0510
Fax Number : (321)366-0511

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2024 OCT 25 PM 4:45
CLERK OF STATE

RECEIVED

2024 OCT 25 AM 11:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEST SHAPE SPA LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

T. LEMIEUX

OCT 28 2024

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COVER LETTER

11240003563343

TO: Registration Section
Division of Corporations

SUBJECT: BEST SHAPE SPA 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:

CRISTIANE OLIVEIRA SILVA

Name of Person

CKO CONSULTING AND TAX SERVICES LLC

Firm/Company

7065 WESTPOINTE BLVD STE 303

Address

ORLANDO - FL - 32835

City/State and Zip Code

CEO@CKOACCOUNTINGSERVICES.COM

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

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA SILVA

at (321) 366 0510

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

11240003563343 0001

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

BEST SHAPE SPA 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 08/01/2018 and assigned
Florida document number L18000184246

This amendment is submitted to amend the following:

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

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)

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:

CKO CONSULTING AND TAX SERVICES LLC

New Registered Office Address:

7065 WESTPOINTE BLVD STE 303

Enter Florida street address

ORLANDO

City

Florida 32835

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.

[Signature]
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>
MGR	Best Shape Hallandale LLC	110 N FEDERAL HWY STE 102	<input type="checkbox"/> Add
		HALLANDALE BEACH - FL - 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Santos & Volpini Adm Business LI	6645 VINELAND RD # 260	<input checked="" type="checkbox"/> Add
		ORLANDO - FL - 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

Filing Fee: \$25.00 *426003563343 app1*