

L 18000245533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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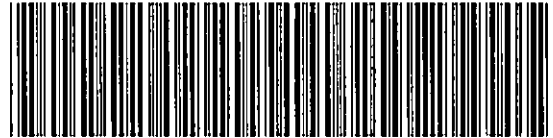
(Business Entity Name)

(Document Number)

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2020 APR -9 A 8:25

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LLC

N/C

DC
4/9/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Body by Stephanie / Bodywork by Stephanie
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:

Stephanie Bezborodov
Name of Person

Firm/Company

17125 N Bay Rd Unit 3610
Address

Sunny Isles Beach, FL 33160
City/State and Zip Code

Stephaniebezborodov@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Bezborodov at (561) 400 0987
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)
- Please apply*
(X) Fees already paid in Dec. 2018

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

Body by Stephanie, LLC

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

FILED
2020 APR -9 A 8:25

The Articles of Organization for this Limited Liability Company were filed on 10/18/2018 and assigned
Florida document number L18000245533

This amendment is submitted to amend the following:

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

Bodywork by Stephanie 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)

17125 N Bay Rd unit 3610
Sunny Isles Bch, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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

_____, Florida

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.

Stephanie Boybroden
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

Dated 4/8/2020, _____

Nyphanie Beyboradev
Signature of a member or authorized representative of a member

Stephanie Bezborodov
Typed or printed name of signer

Filing Fee: \$25.00