L19000044772

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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u a)	siness Entity Nan	ne)
(Do	cument Number)	.
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

O: Registration Se Division of Cor			d a
DESIRE M	E BODY SCULPTING, LLC	· · · · · · · · · · · · · · · · · · ·	, a ,
OBJECT.	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
	Evelyn Vivo		
		Name of Person	
	DESIRE ME BODY SCU	LPTING, LLC	
		Firm/Company	
	7545 West 24th Avenue. #	100	
		Address	
	Hialeah, FL 33016		
	evivo@vivogroup.net	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Evelyn Vivo		305 817-8899 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on or Liability Company)	ur records.)		
ne Articles of Organization for this Limited Lia orida document number L19000044722	ability Company	were filed on February	and assigned and assigned		
is amendment is submitted to amend the follo	wing:				
If amending name, enter the new name of	the <u>limited liab</u>	ility company here:			
new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."		
eter new principal offices address, if applica	ble:	2448 Sugarloaf Lane.	Fort Lauderdale, FL 33312		
rincipal office address MUST BE A STREET	(ADDRESS)		321		
ter new mailing address, if applicable:		7545 West 24th Avenue, Suite 100, Hidleah, FL 33916 , 13			
<u> </u>			<u> </u>		
If amending the registered agent and/or reent and/or the new registered office address Name of New Registered Agent:	4.	address on our record	ls, enter the name of the new registe		
New Registered Office Address:	2448 Sugarloaf	Lane			
	Enter Florida street address				
	Fort, Lauderdal		, Florida		
w Registered Agent's Signature, if changing R	egistered Agent:	City	Zip Code		
	- Steven / LECHILL		city. I further agree to comply with		

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

ABR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
R ———	Evelyn Vivo		□Add
			□Remove
		2448 Sugarloaf Lane. Fort Lauderdale, FL 33312	= Change
			□Add
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ective date is lis If the date ins	ther than the da sted, the date must be serted in this block to date on the Depa	specific and car does not mee	nnot be prior to t the applicat	date of filing ole statutory	or more than?	(option 00 days after fi ements, this c	ling.) Pursuant to	605.0207 listed as
I specifies a d ed.	elayed effective da	ate, but not an	effective tim	ne, at 12:01 a	.m. on the ea	urlier of: (b)	The 90th day	after the
January 19		·	2021	_•				
O	ikuli,	in						
	Sig	nature of a men	nber or authori	ized represent	ative of a men	iber		_
	ivo							

Filing Fee: \$25.00