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SECRETARY OF STATE
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COVER LETTER

Division of Co	rporations		
LV FLOR	IDA LLC		
SUBJECT:			
-	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Edmar Soares Lessa / Fran	icisco Silva	
		Name of Person	
	Best Shape Med Spa		•
	-	Firm/Company	
	12139 S Apopka Vineland	Rd	
		Address	
	Orlando Florida 32836		
		City/State and Zip Code	
	OrlandoRealtyOne@gmail.		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	aff:	
Francisco Silva		407 419 4973	
Name	of Person	at () 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

LV FLORIDA LLC

(Name of the Limited Liability Compan (A Florida Limited L.)	<u>iy as it now appears on our re</u> iability Company)	cords.)
The Articles of Organization for this Limited Liability Company vi Florida document number 1.190000061152	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	
Enter new principal offices address, if applicable:		19 SEU FALI
(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 off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	
	Enter Florida street a	ddress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cuy	хір Сойе
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as position as filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie. rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Giselle Erthal De Magalhaes Lessa	2249 ROMANUM DR - WINTER GARDEN, FL 34787	Add
			☐ Remove
			Change
MGR	Romulo Ostmann Oliveira	14203 W Colonial Dr - Winter Garden - FL - 34787	Add
			☐ Remove
			Change
			AFINAR PASSET Remove
			FLORIDA
			37 16 17 17 17 18 18
			□ Remove
			☐ Change
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Effective date, if other than the date o	f filing:		(o	ptional)	
fan effective date is listed, the date must be spec Note: If the date inserted in this block doc	citic and cannot be press not meet the app	for to date of filing of filing of the file of the fil	or more than 90 days a iling requirements,	fler filing.) Pursuan this date will not	t to 605,020 he listed a
locument's effective date on the Departmo	ent of State's recor	ds.			
e record specifies a delayed effec	tivo dato, but	not an official	o time at 17.0	1 2 22 22 12	م مانام م
The 90th day after the record is		not an enectiv	e time, at 12.0	ra.iii. on the	earner
April 5th	2019				
Dated	·		/		
		\bigvee			
Signatu	re of a member or a	nthorized representa	tive of a member		

Page 3 of 3

Filing Fee: \$25.00