

L19 000089520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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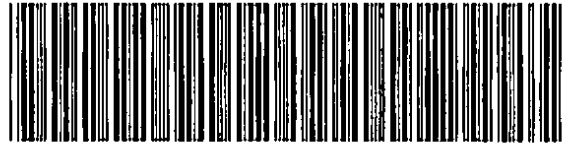
(Business Entity Name)

(Document Number)

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2021 DEC 15 17:06:31

A. BUTLER

DEC - 6 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUST BODY WORKS 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:

KC QUINTANA
Name of Person

LUST BODY WORKS LLC
Firm/Company

18855 ULMUS ST
Address

LUTZ FL 33558
City/State and Zip Code

KC@LOGIQDIGITAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KC QUINTANA at (813) 422 9659
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LOST BODY WORKS LLC 2021 NOV 15 PM 3:31

(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 4-1-19 and assigned
Florida document number L19000089520

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) _____

18855 ULMUS ST
LUTZ FL 33558

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: _____

KC QUINTANA

New Registered Office Address: _____

18855 ULMUS ST

Enter Florida street address

LUTZ

City

Florida

33558

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>DAVID TOLES</u>	<u>LAND O LAKES FL 34637</u>	☒ Add
			☐ Remove
			☐ Change
<u>MGR</u>	<u>SUSAN TOLES</u>	<u>LAND O LAKES FL 34637</u>	☒ Add
			☐ Remove
			☐ Change
<u>MGR</u>	<u>HOT MESS LLC</u>	<u>21240 GRAN VIA BLVD</u>	☐ Add
		<u>LAND O LAKES FL 34637</u>	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[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)

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 OCT 18, 2021


Signature of a member or author

Signature of a member or authorized representative of a member

KENNETH QUINTANA

Typed or printed name of signee