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COVER LETTER

SUBJECT: 0.10	E. BODY C	CLLECTION , dited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	HEIKE HU	Name of Person	Ц
	O.N.E. Be	Firm/Company	TON LLC
	8090HIG	ANCIR.	
		Address	
	BCCA RATO HEIVE & O	City/State and Zip Code WEBODY CO to be used for future annual report not	d 87
For further information cor	ncerning this matter, please ca	·	
HEILE HUND	DERTHARK Person	at (440) 67.3 Area Code Daytin	8990 ne 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)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

O. N.E. BODY (Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records)		
The Articles of Organization for this Limited Li Florida document number 2190000	iability Company v	,		and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabilit	ty Company," the designation	"LLC" or the abbrev	iation "L.L.C."	_
Enter new principal offices address, if applications	able:		<u> </u>	2013	_
(Principal office address MUST BE A STREE	T <u>ADDRESS)</u>			SET -	<u> </u>
Enter new mailing address, if applicable:				苦一	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>				<u>-</u> -
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered off fice address here:	īce address on our re	cords, <u>enter the</u>	name of the	<u>n</u>
Name of New Registered Agent:	HEIKE	A. HUNDE 40 HIEAN Enter Florida street	RTMAR	l {	
New Registered Office Address:	<u>801</u>	40HIGAN	CIR.		_
	BOCA	Enter Florida street of ATC! N	address _, Florida 33	487	_
Now Degictored Agent's Signature if changing B			,	7:	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HEINE A. HUNDERTHA	RU 80 MOHIGAN CIO) മ്\Add
		BOCA RATON, FL	□ Remove
		33487	Change
non	RHETT A. WESTFALL	80900HIGANCIR	□ Add
		BOCA RATON, FL	_ ⊠ Remove
		33487	Clunge
			🗆 Add
			Remove
			_□ Change
			_□ Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
			_□ Change
			_D Add
			_□ Remove
			_□ Change

Effective date, if other than the date of filing: (optional)
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated 5th day of September 2019 Signature of a member of a member of a member.
T A
Signature of a member or authorized representative of a member
RHETT WESTFALL Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00