7/13/22, 4,10 PM

Division at Corporations

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING HEART LLC

Account Number : I20220000077 Phone : (954)673-6545 Fax Number : (954)827-3314

Ú														
•:	**Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
 . ,	ar	nnual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BCONTOURS SHAPEWEAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

From: Mariam To

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

Page: 3 of 5

BCONTOURS SHAPEWEAR LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/25/2019	and assigned
Florida document number L19000113426		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Compuny," the designation "LLC" or the ab	breviation "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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		- :-
New Registered Office Address:	Enter Florida street address , Florida	Zip Code 19
	Cuy , Piorida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		2

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

MGR = Manager AMBR = Authorized Member

Page: 4 of 5

Title	Name	Address	Type of Action
MGR	MARCOS FORRISI	7111 NW 58TH CT TAMARAC FL 33321	≅Add
			ElRemove
		·	DChange
			□Add
			□Remove
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			□Remove
			Change
			JAdd
			C Remove
			DChange

From, Mariam To

To: Division of Corporation

D. If amending any other info	rmation, enter change(s) here	: (Attach additional sheets, if necessary.)
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- -	· · · · · · · · · · · · · · · · · · ·	
C. December day to all with	Alle date of Class	(continue)
Note: If the date inscrted in the	e must be specific and cannot be prior to its block does not meet the applica- he Department of State's records.	(optional) o cate of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)0 ble statutory filing requirements, this date will not be listed as the
f the record specifies a delayed eff ecord is filed.	ective date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022	
	allie al Seaso	3 ie/
	Signature of a member or author	ized representative of a member

Typed or printed name of signee