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A. BUTLER
DEC - 5 2022

COVER LETTER

Registration Section Division of Corporations

TO:

BCONTOU SUBJECT:	IRS SHAPEWEAR LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.		
Please return all correspo	indence concerning this matter	to the following:		
	LUZ SALDARRIAGA			
	-	Name of Person		
	OWNER			
		Firm/Company		
	801 S UNIVERSITY DR.	SUITE C134		
	Address PLANTATION 33324			
	City/State and Zip Code			
	AMALIASALDARRIAGA	07@GMAIL.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
LUZ SALDARRIAGA		954 2745161		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	rporations Fallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jan .	
. ²⁰²² AUS 30	Ait 7: 11
THE CONTRACT	assigned

BCONTOURS SHAPEWEAR LLC

(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 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	i <u>lity company here</u> :	
BODYCONTOURS FAJAS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 S UNIVERSITY DR. SUITE 134)
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION 33324	
	THE FOUNTAINS SHOPPING CENTER	
Enter new mailing address, if applicable:	801 S UNIVERSITY DR. SUITE C134	
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION 33324	
(Maning damess MAT BE AT OST OTTICE BOA)	THE FOUNTAINS SHOPPING CENTER	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter (ne n</u>	
New Registered Office Address:	Enter Florida street address	
	Florida	
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I are provided for in Chapter 605, F.S. (n familiar with and Dr. 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
		<u></u>	∃Remove
			Change
			□Remove
			□Change
			
			🗀 Add
			□Remove
			□Change
			□Change
			∐Add
			□Remove
			□ Chance

Note	ctive date, if other than the date of filing:
the reco	ord 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 filed.
Date	d 08/26/2022 . 3:37.PM
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00