L19 000 132 909

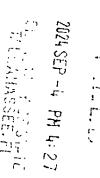


(Requestor's Name)
(Address)
· · ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duniana) Takih Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
·

Office Use Only



300435947763



COVER LETTER

Tallahassee, FL 32314

то:	Registration Section Division of Corporations							
SUBJE	CCT:	BRAIN	30d	y STRONG	9 By	ANNE	RABIN	
			Name of Limited	Liability Company	0 '		ec, status &	
The end	closed Articles o	f Amendment and	fee(s) are submit	ted for filing.				
Please	return all corresp	ondence concerni	ng this matter to t	the following:				
			Joseph	A - W Name of Person	ALSh	175		
				Firm/Company				
		55	West	Del AWAR.	e PL	· JUNIT	207	
		-	Chic	A90 , IL. City/State and Zip Code	606	10		
		E	بل mail address: (to b-	A WIR 1949 consed for future annual repo	ort no lification	iL. lom		
For fur	ther information	concerning this ma	atter, please call:					
	Josea	HAWH	LSh JP.	at (<u>3/2</u>) <u>5</u> Area Code	160 -	7606	_	
	Name	of Person		Area Code	Daytime Telep	ohone Number		
Enclose	ed is a check for	the following amo	ount:					
□ \$2:	5.00 Filing Fee	□ \$30.00 Fili Certificat	ing Fee & e of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Certificate of Certified Cop (additional copy	Status & y	
	Mailing Addre			<u>Street Addr</u> Registratio				
	Registration Division of 0	Section Corporations			of Corporat	tions		
	P.O. Box 63				e of Tallah			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BRAIN BODY (Name of the Limited Liability Compa (A Florida Limited L	STRONG B	y ANNE	RABI	n LL
(A Florida Limited L	liability Companyy			
The Articles of Organization for this Limited Liability Company	were filed onMa	4 16,2019	and assigne	ed
Florida document number <u>L 19000 i 32 909</u> .		9		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
•		1 (
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	ation "LLC" or the abbi	reviation "L.L.C.	
	, , , ,			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			7024 S	
		تن ۳۰ 	25	•••
		<u>-</u>	, - T	•
			; ' 	1
Enter new mailing address, if applicable:			,**•. /(
(Mailing address MAY BE A POST OFFICE BOX)		[7] [7]	. III	,
		- 		-
		·	m -i	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	is, <u>enter the name</u>	of the new re	gistered
Name of New Registered Agent:				— <u>-</u>
New Registered Office Address:				
	Enter Florida st	reet address		
		, Florida		
	City	, Fiorida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•			
The region of right a digital of it changing register of recent				

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JASON RABIN	40 30 GRAND BAY	CIR HAdd
		Juno Beach, FL.3	3 <i>4-8</i> j□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

								_
								_
				_ 				_
								_
								_
-								=
								_
			<u></u>					_
					_			_
				·				
								
								_
					<u> </u>			_
						-		_
			,					_
			<u>-</u>					_
n effective d ote: If the o	ate is listed, the d late inserted in		fic and cannot not meet th	be prior to date o e applicable sta	f filing or more th		tal) ling.) Pursuant to 6 date will not be li	
ecord speci is filed.	fies a delayed e	ffective date, bu	ut not an eff	ective time, at	2:01 a.m. on the	e earlier of: (b)	The 90th day af	fter th
ted	Augu	15T 28		2024.			n MG	
			H	mne	Walst	Rabi	n, MGX	?
_		C:	of a manife	or authorized -	procentative of a	nombor	/	

Filing Fee: \$25.00