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Office Use Only



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C Kinsey

## **COVER LETTER**

TO: Registration Se Division of Cor			
CUB IF CT.	CUS SPA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
riease return an correspo	CLAIRE PEREZ	to the following.	
	BODYFOCUS SPA LLC	Name of Person	
	3076 ASHLAND LINE NOF	Finn/Company RTH	
	KISSIMMEE, FL 34741	Address	<u>. , ,</u>
	CLARAIPHONE0619@GM/	City/State and Zip Code AIL.COM	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	all:	
CLAIRE PEREZ		407 634-8585	
Name (	of Person		Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODYFOCUS SPAILEC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 7/20/20	019	and as	signed
Florida document number L19000191940	··································				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	of the limited liab	ility company here:			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the design	ation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREET ADDRESS)		3076 ASHLAND Lane No: th			
		KISSIMMEE, FL 34	4741 		
Enter new mailing address, if applicable:	. no.10			S 613	3 5
(Mailing address MAY BE A POST OFFICE	<u>BUX)</u>				= 7
			•	) o	
B. If amending the registered agent and registered agent and/or the new registered o	or registered of the first reg	ffice address on ou	r records, <u>ent</u>	er the name	of the
				<u> </u>	لويره
Name of New Registered Agent:	CLAIRE PE	REZ		r	
New Registered Office Address:	3076 ASHLA	ND LINE NORTH			
		Enter Florida s	treet address		
	KISSIMMEE		, Florida	34741	
		City		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.

f Changing Registered Agent, Stanature of New Registered Agent

P#ge 1 0{3

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
MGG	CLAIRE PEREZ	3076 ASHLAND LARE NOCH'N KISSIMMEE, FL 34741	■ Add
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	8/12/2019
Effec	tive date, if other than the date of filing: (optional)
	Tective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	AUGUST 12 2019
	Olhuso leves
	Signature of a member or authorized representative of a member
	CLA/RE PEREZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00