L19000 232 243

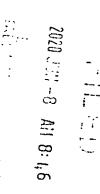
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



600345643716

06/08/20--01010--013 **25.00



Amend

JUN 25 2020 LALBRITTON

COVER LETTER

Registration Section

TO:

Division of Corp	orations		
Complete Bo	ody Defense LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
Complete Body Defense LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Adele Phillips Name of Person Complete Body Defense LLC Firm/Company 1816 Beach Pkwy W Address Cape Coral, FL 33914 City/State and Zip Code completebodydefenser@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adele Phillips Name of Person Area Code Daytime Telephone Number Eaclosed is a check for the following amount: \$\begin{array}{c} \text{S25.00 Filing Fee} \text{ Certificate of Status} \text{ Certificate of Status} \text{ Certificate Copy} \ (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Pivision of Corporations			
Please return all correspor	ndence concerning this matter	to the following:	
	Adele Phillips		
		Name of Person	
	Complete Body Defense Ll	LC	
		Firm/Company	
	1816 Beach Pkwy W		
		Address	
	Cape Coral, FL 33914		
	and the dideferral @an	•	
			ification)
For further information co	oncerning this matter, please ca	ali:	
Adele Phillips			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S	Section Torporations 17	Registration So Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Complete Body Defense L LC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	were filed on 9/13/2019	and assigned
orida document number L19000232243		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1816 Beach Pkwy W	
Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33914	020
		1
		8
nter new mailing address, if applicable:	1816 Beach Pkwy W	
Aailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33914	. 0
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss.
		lorida
	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.

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
AP	Jason Bhimji	4908 Pelican Blvd	
		Cape Coral, FL 33914	=Remove
			□Change
AP	Carlos Marquinhos	1816 Beach Pkwy W	
		Cape Coral, FL 33914	□Remove
			□Change
			□Adđ
			□Remove
			Change
			□ Add
			□Remove
			Change
			Remove
			Change
		□Remove	
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
an effe lot <mark>e:</mark> J	May 01, 2020 (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record I is file	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 d.
ated _	un 05, 2020
	Signature of a member of authorized representative of a member
	Adele M. Phillips
	Typed or printed name of signee