## 49000 247022

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies		
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SECRETARY OF STAIL SECRETARY OF STAIL

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Amend

DEC 1 4 2019 I ALBRITTON

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: ULTRAS	SHAPE, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Processing Departmen	nt	
		Name of Person	
		Firm/Company	
	5605 Riggins Court	Suite 200	
	-	Address	
	Reno, NV 89502		
	docs@incauthority.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information e	concerning this matter, please ca	ill:	
Processing Departm		at (800 Area Code) 638-2320 Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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	O		3 0
ARTICLES OF O	DRGANIZATIO!	N.	35
О	F		100 00 1
			がある「
ULTRASH	HAPE, LLC		300 Mg
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	ur recorus.)	10 % 1.
- Andalas of Oncarlossic Condition Condition (1988)	10/01/	19	and assistant
ne Articles of Organization for this Limited Liability Company	were filed on _10/0 ii		and assigned
orida document number L19000247022			
nis amendment is submitted to amend the following:			
If amonding name outside a new years of the limited link	:):4		
. If amending name, enter the new name of the limited liab	nity company nere;		
te new name must be distinguishable and contain the words "Limited Liabil	lin: Company " the decima	tion "I.I.C" or the	hhraviarion "L. L. C."
e new manie missi de distinguismante and contain the words. Enfined Fradit	•	non the or me	CONTENTION E.E.C.
nter new principal offices address, if applicable:	941 4th St		
Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33	1139	
nter new mailing address, if applicable:			
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		•	
		·	
. If amending the registered agent and/or registered of	ffice address on our	records, enter	the name of the new
gistered agent and/or the new registered office address her			
Name of New Registered Agent:			
Many Davidson of Office Addresses			
New Registered Office Address:	Enter Florida str	vet address	
		T'1 ' 2	
	City	Florida _	Zip Code
	•		•
w Registered Agent's Signature if changing Registered Agent			
ew Registered Agent's Signature, if changing Registered Agent:	•		
hereby accept the appointment as registered agent and agr	· ·ee to act in this capac		
	ee to act in this capac performance of my d	uties, and I am	familiar with and

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	Greice De Souza Ribeiro	910 West Ave #1024	Add
		Miami Beach, FL 33139	□ Remove
			☑ Change
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Effecti	ive date, if other than the date of filing: <u>TESTOCK SH , 2017</u> optional)
(If an eth	lective date is listed, the date most be specific and causet be prior to date of fibrag or more than 90 days after filling.) Pursuant to 695.0 If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be hared
	iont's effective date on the Department of State's records.
the rec ) The	Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 190th day after the record is filed.
Dated	Wormber 8 . 2019
	· · · · · · · · · · · · · · · · · · ·
	Signature of a mention of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00