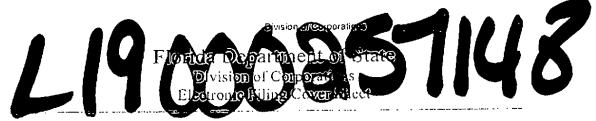
To: 18506176383 From: 19165767051 Date: 11/13/19 Time: 7:39 AM Page: 02/05

11/13/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003334773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

RLOPS@PARASEC.COM Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: BODY BY BRANDI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19165767051 Date: 11/13/19 Time: 7:39 AM Page: 03/05

ARTIC	LES OF AMEN	NDMENT	
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ARTICI	ÆS OF ORGA	NIZATION	٠.
· · · · · · · · · · · · · · · · · · ·	OF	298 NOV 13 P	2: 54 ⁴
₩		E310 110 () 2	
Body by Brandi LLC (Name of the Limited Li	ability Company as it or	ow appears on our records.)	131
(A F)	orida Limited Liability C	ompany)t, L. Miring Julie 1 C	. 4
The Articles of Organization for this Limited Liabili	ity Company were file	ed on10/14/2019	and assigned
Florida document number <u>L19000257148</u>			
Fiorida document number	·		
This amendment is submitted to amend the followin	g :		
A. If amending name, enter the new name of the	limited liability com	ipany here:	
•			
The new name must be distinguishable and contain the words	"Limited Liability Compa	my," the designation "LLC" or t	he abbreviation "L.L.C"
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A)			
(Principal office damess most be A STREET AND			
		-	
Enter new mailing address, if applicable:			
-			
(Mailing address MAY BE A POST OFFICE BOX	·	<u> </u>	
B. If amending the registered agent and/or r	egistered office add	lress on our records, <u>er</u>	iter the name of the new
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
		Emer Florida sweet address	
<u> </u>		Florid:	
	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 Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 19165767051 Date: 11/13/19 Time: 7:39 AM Page: 04/05

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>	Name	Address	Type of Action
MGR	Gathercole Gathercole	12247 Landfair St	
		Spring Hill, FL 34608	⊠ Remove
			Change
MGR	Alexus Gathercole	12247 Landfair St	bbA (X
		Spring Hills, FL 34608	☐ Remove
			Change
			D Add
			Remove
			Change
			bbA, <u>□</u>
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			Channe

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(ble statutory filing requirements, this date will not be listed as the
---	---

If the record 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 record is filled.

Dated	November 4	2019	
_		Grame Rave	
		Signature of a member or authorized representative of a member	
		Brand: factin	
		Typed or printed name of signee	

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Filing Fee: \$25.00