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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
GET WAS	STED BODY BAR LLC		
SUBJECT:	STED BODY BAR LLC Name of Lia	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	NAKEISHA L. LASTER	1	
		Name of Person	
		Firm/Company	
	4900 ELESE STREET		
		Address	
	ORLANDO, FL 32811		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not)	fication)
For further information of	concerning this matter, please of	all:	*
		21 (
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 200

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GET WASTED BODY BAR LLC					
(Name of the Lim	ted Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited I Florida document number 20000160039	Liability Company	were filed on 06/05/2020	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name o	of the limited liab	oility company here:			
LOVING ALL THINGS GIRLY LIMITED LIAI	BILITY COMPAN	Y			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		4900 ELESE STREET			
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32811			
Enter new mailing address, if applicable:		4900 ELESE STREET			
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32811			
B. If amending the registered agent and/or i agent and/or the new registered office addre	registered office a	address on our records, <u>e</u>	nter the name of the new registere		
Name of New Registered Agent:	NAKEISHA L. LASTER				
New Registered Office Address:	4900 ELESE S				
		ddress			
	ORLANDO		, Florida ³²⁸¹¹		
		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

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 Title Name Address ______ □ Remove _____ □ Remove ______ □Change -.___. □ Add _____ Remove _______ Change

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Effective date,	if other tha	in the date o	f filing:				(optional)	
f an effective date	is listed, the da	ate must be spec	rific and cann	ot be prior to	date of filing of	r more than 90	days after filing	g.) Pursua	nt to 605,0207
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Filing Fee: \$25.00