

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA
Account Number : I20180000017
Phone : (305)340-2000
Fax Number : (786)953-6246

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GH BODY CONTOUR LLC

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GH BODY CONTOUR 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:

ALEX ORTIZ, CPA

 Name of Person

E ALEX ORTIZ, CPA, PA

 Firm/Company

2727 PONCE DE LEON BLVD

 Address

CORAL GABLES, FL 33134

 City/State and Zip Code

ALEX@ALEXORTIZCPA.COM

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

305
 at ()

340-2000

 Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

GH BODY CONTOUR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/6/2020 and assigned Florida document number L20000191932.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida
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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	ANGEL, VELASCO	2727 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	CLAUDIA, DE LA FUENTE	2727 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGEL, VELASCO	2727 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIA, DE LA FUENTE	2727 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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 filed.

Dated X 7/17, 2020

X _____ Signature of a member

Signature of a member or authorized representative of a member

ALEX ORTIZ, CPA

Typed or printed name of signee