## 120000250268

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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مرمدامات

## **COVER LETTER**

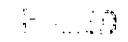
TO:

**Registration Section** 

Division of Cor	porations	٠.	u u
	cal Recovery Service LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shelly Ann Campbell		
		Name of Person	·
	Body Surgical Recovery S	ervice LLC	
		Firm/Company	
	3740 Inverrary Drive E3O		
		Address	
	Lauderhill		
		City/State and Zip Code	
	shellyannc11@gmail.com E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
Shelly Campbell		561 5094326	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations
Tallahassee,			ne Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Body Surgical Recovery Service LLC

2022 MAY -9 PM 2:48

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our record	<u>(5.)</u>
		Miller Jan Fil
The Articles of Organization for this Limited Liability Company v	were filed on August 17,2020	and assigned
Florida document number L.20000250268		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Worthy Business Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
	11 1	. Ali of the many magintaward
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
	<b>:</b>	lawida
	City	l <b>orida</b> Zip Code
Now Degistered Agent's Signature if changing Registered Agent:	•	

## 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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
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		<del></del>	□Remove
			□Change
			🗀 Add
			□Remove
			□C'hanva

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	11/11/2020
n effec et <u>e:</u>   I	e date, if other than the date of filing:  (optional)  tive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it's effective date on the Department of State's records.
ecord 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 th
.ted _	·
_	
	Signature of a member or authorized representative of a member
	Stelly Campbell
	(Xilly Camper)

Filing Fee: \$25.00