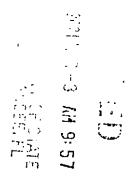
# 21000005702

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
,			

Office Use Only



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1000 10 Lott

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/03/2021		**WALK IN**
ENTITY NAME WAIST F	RENEWED LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy Certified Copy Certificate of Status	#13/ALX - E9***
**Pi	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
	Certificate of Good Standing	· (1)
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		_ _
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	. , .
Please call Tina at the	above number for any issues or concerns. Thank you so m	ruch!

#### **COVER LETTER**

	gistration Se vision of Cor			
eub ie <i>c</i> e.	Waist Rene			
SUBJECT:	:	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		LEANA GUZMAN		
			Name of Person	
		ZENBUSINESS PBC		
			Firm/Company	
5900 BALCONES DR STE 5000				
			Address	
		AUSTIN, TX 78731		
			City/State and Zip Code	
		COMPLIANCE@ZENBUS		
For further i	information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notifiall:	cation)
LEANA G	UZMAN		844 493-6249	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	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 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

WAIST RENEWED LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
ne Articles of Organization for this Limited Liability Company were filed on 12/28/2020 and assigned orida document number L21000005702			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5379 Lyons Rd 963		
(Principal office address MUST BE A STREET ADDRESS)	Coconut Creek, FL 33073		
Enter new mailing address, if applicable:	5379 Lyons Rd 963		
(Mailing address MAY BE A POST OFFICE BOX)	Coconut Creek, FL 33073	····	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:		enter the name of the new	
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is	

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>	<u>Address</u>	Type of Action
AMBR	TREVIENNE A BARRETT	5379 Lyons Rd 963	Add
		Coconut Creek, FL 33073	☐ Remove
		<del></del>	Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
	<del></del>		
			Remove
			□ Change
	- <del></del>		Add
			Remove
			☐ Change

D. If amending any other inform	action, enter change(s)		anoma sneets, if necessar	<i>y.</i> 7
	•			
<del></del>		<del></del>		
				<del></del>
		·		
				<u></u>
			<del></del>	
			<del>-</del>	
-				
E. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this I document's effective date on the listense of the list	block does not meet the a	pplicable statutory f	(optional) or more than 90 days after tiling iling requirements, this date	) ,) Pursuant to 605.0207 (3)(b will not be listed as the
If the record specifies a delaye (b) The 90th day after the re		t not an effectiv	e time, at 12:01 a.m.	on the earlier of:
Dated	2021			
/s/ TREVIENNE A				
<del></del>	Signature of a member or	authorized representa	tive of a member	<del></del>
TREVIENNE A BAR	RETT			
<del></del> .		printed name of signed	:	

Page 3 of 3

Filing Fee: \$25.00