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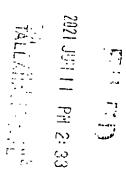
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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Flawless Bodi Bar 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:		
Deborah Huighton		
Firm/Company		
733 BONISAL 5+.		
Flaciles Shod bar @ gmail. Com E-mail address; (to be used for further annual report notification)		
For further information concerning this matter, please call:		
Deborah Hughton at (407) 923-3416  Name of Person Shape Telephone Number  Area Code Daytime Telephone Number	2021 JUN 11 TALLARS	
Enclosed is a check for the following amount:		· · ·
(additional copy is enclosed) Certified	e of Status گنگ	~~°

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 12100066420.	were filed on $02082021$ and assi	gned
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" or the abbreviation "L.I.	C."
Enter new principal offices address, if applicable:	5530 LAKE HOWELL R	
(Principal office address MUST BE A STREET ADDRESS)	WINTER YARK, FL 3279=	2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	733 Bonsa, st. Apopka, FC 32703	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new	registered
New Registered Office Address:	<u>ကို</u> ယိ	
	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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docum	n and ment is

If Changing Registered Agent, Signature of New Registered Agent

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
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