# L21000145623

(Rec	questor's Name)					
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Special Instructions to F	filing Officer:					
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		Received: 08-03				
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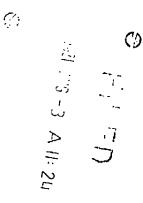


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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2021

JULIANY NELSON 4931 N.W. 48TH TERRACE TAMARAC, FL 33319

SUBJECT: BODY BY JULIANY LLC

Ref. Number: L21000145623

We have received your document for BODY BY JULIANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 821A00013147

www.sunbiz.org

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### **COVER LETTER**

Division of Co			.•	
Body By J	uliany, LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Juliany Nelson			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	-
	Body By Juliany	C		
		Firm/Company		~
	4931 NW 48th Terrace			
		Address		_
	tamarac FL 33319			
		City/State and Zip Code		_
	Bobybyjuliany@gmail.com			6
	E-mail address: (	to be used for future annual re	port notification)	;
For further information	concerning this matter, please c	all:		and the same of th
Juliany Nelson			-8488	
Name	of Person	at () Area Code	Daytime Telephone Number	
				7.D A 11: 24
Enclosed is a check for	the following amount:			2
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica (Sed) Certified	thing Fee, ate of Status &
Mailing Addre Registration Division of 0	Section		dress: tion Section of Corporations	
P.O. Box 6327		The Cent	tre of Tallahassee	010
Tallahassee,	FL 32314		Monroe Street, Suite 8 see, FL 32303	510

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Body By Juliany, LLC		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
ne Articles of Organization for this Limited I		29, 2021 and assigned
orida document number L21000145623	·	
is amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company here:	
e new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
		***************************************
nter new mailing address, if applicable:		
	- BOY)	
lailing address MAY BE A POST OFFICE	<u></u>	
		<u> </u>
If amending the registered agent and/or	registered office address on our regor	de antar the name of the naw ragic
ent and/or the new registered agent and/or	registered office address on our recor	us, enter the name of the new regis
	<del></del>	<u> </u>
Name of New Registered Agent:	Juliany Nelson	
New Registered Office Address:	4931 NW 48TH Terrace	<u> </u>
	Enter Florida s.	Λ,
	Tamarac	, Florida 333192
	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Tanya Nelson	4931 NW 48TH TERRACE TAMARAC FL 33319	□Add
			<b>■</b> Remove
			□ Change
CEO	Juliany Nelson	4931 NW 48TH TERRACE TAMARAC FL 33319	□Add
			Remove
11 0N			
MGRM 	Juliany Nelson	4931 NW 48TH TERRACE TAMARAC FL 33319	■ Add
7			□Remove
			□Change
			ÉAdd
			G5 / Remove
			P □ Change 2
			2 □Add
			□Remove
			□Change
·			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing Juliany Nelson from CEO to Owner 100%. OD c 5 ➣ E. Effective date, if other than the date of filing:

(If an effective 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 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 \_\_ April 28 Juliany Nelson

Filing Fee: \$25.00

Typed or printed name of signee