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A. BUTLER MAR 2 1 2022

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Ahn		ted Liability Company	
	Amendment and fee(s) are subr		
Please return all correspon	dence concerning this matter t	to the following:	
	Atiyah	Harris Name of Person	
	Ahnixx	Body LLC Fim/Company	<del></del>
	4800 Sout	h East 1104h S	st #1389
	Bellevie	Oity/State and Zip Code	34420
	Ahnixx60d (E-mail address: 4	City/State and Zip Code  Jegmail. Com  be used for future annual report not	ification)
For further information co	ncerning this matter, please ca	ult:	
Atiyah He Name of	A Tri S Person	at (352) 484- Area Code Daytin	-6800 ne Telephone Number
Enclosed is a check for the			
□ \$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 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

OF FILED

	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Com	pany were filed on April 14 120275. FL and assigned
Florida document number L21000173102.	,
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:	Ahnix Body UC
(Principal office address MUST BE A STREET ADDRES	Belleview, FL 34420
	Dellevico julio staze
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, enter the name of the new registered
Name of New Registered Agent: A+7	yah Harris
New Registered Office Address: 4800	South East 110th St # 1389  Enter Florida street address
Bell	RVi ew Florida 34420 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			Change
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