

L21000198007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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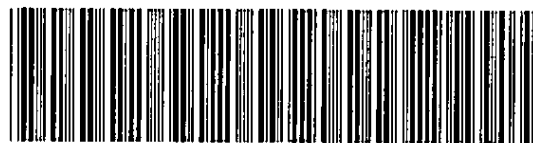
(Business Entity Name)

(Document Number)

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STATE OF TEXAS
SECRETARY OF STATE

A. RIVERS

NOV 01 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVE YOUR BODY LLC

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:

DELFIN M ARGOTE

Name of Person

LOVE YOUR BODY LLC

Firm/Company

7601 E TREASURE DR APT 1502

Address

NORTH BAY VILLAGE, FL 33141

City/State and Zip Code

argotead@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELFIN M ARGOTE

786 793-4505
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

LOVE YOUR BODY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Florida and assigned
Florida document number 1.21000198007.

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:

7601 E TREASURE DR APT 1502

(Principal office address MUST BE A STREET ADDRESS)

NORTH BAY VILLAGE, FL 33141

Enter new mailing address, if applicable:

7601 E TREASURE DR APT 1502

(Mailing address MAY BE A POST OFFICE BOX)

NORTH BAY VILLAGE, FL 33141

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ARGOTE, DELFIN M

New Registered Office Address:

7601 E TREASURE DR APT 1502

Enter Florida street address

NORTH BAY VILLAGE

City

, Florida 33141

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CORREA, MIGUEL A	7601 E TREASURE DR APT 1502	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARGOTE, DELFIN M	7601 E TREASURE DR APT 1502	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALEZ, YURABI V	7601 E TREASURE DR APT 1502	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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.

Dated October 18 2021

Signature of a member or authorized representative of a member

Dr. Luis Miguel Argote Guerrero
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00