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### **COVER LETTER**

TO: Registration Se Division of Cor			
134	odyther, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
·	Jennife		
		Firm/Company	
	703 NW	Address	
	Hallandale	Beach Florida City/State and Zip Code	a 33009
		City/State and Zip Code  Company Compa	(C)
For further information c	oncerning this matter, please ca	all:	
Tennifer Name o	f Person	at ( <u><b>954</b></u> ) <u>225-</u> Area Code Daytin	5997 A Telephone Number
Enclosed is a check for the	he following amount:		~.
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BodyHer, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
1 10 2021	

The Articles of Organization for this Limited Liab		une 15,200	• and	assigned
Florida document number LZ10002778	<u>60</u>	•		
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the de	esignation "LLC" or the a	bbreviation	"L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			<del></del> .
	<del></del>	- tPs		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			<del>-</del>
				-
B. If amending the registered agent and/or regi		ecords, enter the nan	• •	new registered
			24	<i>-</i>
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	ida street address		
		, Florida		
-	City	, 1 1011 <b>0a</b>	Zip Ca	ode -

#### 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 Type of Action MGR Shantel Moffett 4610 5W 23rd St. Apt 3 Hollywood FC 33023 <u>Address</u> Remove □Change \_\_\_ [] Change (1) □ Remove \_ Change  $\nearrow$ □Add Remove \_\_\_\_ 

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e: If the date inserted in this block does not meet the app	olicable statutory fil	ing requirements, this	s date will t	not be listed
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cord specifies a delayed effective date, but not an effective	e time at 12:01 a n	on the earlier of: (h	) The 90th	h dav after
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d June 24, 302	<u> </u>			
	1	<i>P</i> ,		

# State of Florida Department of State

I certify from the records of this office that BODYHER, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on June 15, 2021, effective June 12, 2021.

The document number of this company is L21000277860.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 210615155504-200368162782#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifteenth day of June, 2021



Laurel M. Lee Secretary of State