

121000277860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

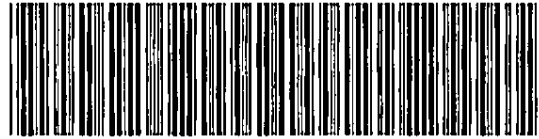
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amendment

Office Use Only



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RECEIVED BY MAIL
FALL ARREST EDITION

2021 OCT 29 AM 9:56

11/8/21

T.A.S.

COVER LETTER

**TO: Registration Section
Division of Corporations**

BODYHER LLC

SUBJECT: _____
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:

JENNIFER DOWE

Name of Person

Firm/Company

703 NW 10TH COURT

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

JENNIFERJOLIBOIS@YAHOO.COM

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

For further information concerning this matter, please call:

JENNIFER DOWE

954 225-5997

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BODYHER 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 07/07/2021 and assigned
Florida document number L21000277860.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

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 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>
MGRM	JENNIFER DOWE	703 NW 10TH COURT	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SHANTELL MOFFETT	4610 SE 23RD STREET APT 3	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33022	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	LATOYA YEARGIN	7354 NW 49TH COURT	<input type="checkbox"/> Add
		LAUDERHILL, FL 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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2025 OCT 28 AM 11:06
OFFICE OF THE
CLERK OF THE
CITY OF MIAMI
FLORIDA

2021 OCT 29 AM 9:00
SECURITY
CALA HASSER FLORIDA

2021 OCT 29 AM 9:56
STATE OF FLORIDA
SOUTH ASSET
FALL HASSET

(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.

OCTOBER 19 2021
Dated _____,

Signature _____

Signature of a member or authorized representative of a member

JENNIFER DOWE

Typed or printed name of signee