Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Addrass | | | |
|-------|---------|--|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BODY TOLL TAMPA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu Corporate Filing Menu

Help

TO:

Registration Section

2021-07-07-09:53:06 PDT LegalZoom.com, Inc. Dina Hall Body Roll Tampa 813-240-3318

From: Sarah Acevedo P 2

COVER LETTER

| Division of Co | rporations | | |
|---------------------------|---|---|--|
| = = = = = : | OLL TAMPA LLC | | |
| SUBJECT: | Name of Lie | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are su | bunitted for filing, | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legaizoom.com, Inc. | | |
| | | Firm/Company | |
| | 101 N Brand Blvd 11th F | ı | |
| | | Address | |
| | Glendale, CA 91203 | | |
| | | City/State and Zip Code | |
| | dinahail@live.com | / | |
| | | (to be used for future annual report not). | ncenoa) |
| For further information | concerning this matter, please o | &i): | |
| Cheyenne Moseley | | 800 773-0888 at () | |
| Name | of Penjon | Area Code Daytim | Telephone Number |
| Enclosed is a check for t | he 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 exclused) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tuliahaacc, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

From: Sarah Acevedo

P 3

Page: 4 of 6

BODY TOLL TAMPATIC

2021-07-07 09:53:06 PDT Dina Hall Body Roll Tampa 813-240-3318

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Con (A Florida Limit | spery as it som spocars on our records.) ed Liability Company) | |
|--|---|-----------------------------|
| The Articles of Organization for this Limited Liability Compa | my were filed on 06/22/2021 | and assigned |
| Florida document number L21000288692 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| Body Roll Tampa LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | shility Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | | <u></u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u></u> |
| | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address in | office address on our records, pere: | enter the name of the |
| Name of New Registered Asset: | | |
| N. D. Co. of Office Address. | | |
| New Registered Office Address: | Enter Florida street address | ····· |
| | . Flor | lda |
| | Ctty | 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, Structure of New Registered Agent

MGR - Manager

From: Sarah Acevedo P 4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = Authorized Member | | | | |
|--------------------------|------|---------|----------------|--|
| <u>Title</u> | Name | Address | Type of Action | |
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