

121000311478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

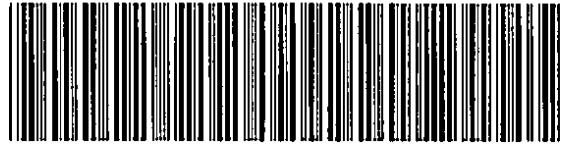
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A. RIVERS

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09/08/21--01005--018 **60.00

FILED
2021 DEC -2 PM 4:53
OFFICE OF STATE



2021 SEP -2 AM 10:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2021

AGNES CHERFILS
71 NW 189TH ST.
MIAMI, FL 33169

SUBJECT: BODY FIT WELLNESS WA LLC
Ref. Number: L21000311478

We have received your document for BODY FIT WELLNESS WA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 521A00022538

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **BODY FIT WELLNESS WA 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:

AGNES CHERFILS

Name of Person

BODY FIT WELLNESS WA LLC

Firm/Company

71 NW 189TH ST

Address

MIAMI, FL 33169

City/State and Zip Code

theb12storegalleriamall@yahoo.com

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

For further information concerning this matter, please call:

AGNES CHERFILS

305

244-0043

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**

BODY FIT WELLNESS WA 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 L21000311478.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE B-12 STORE OF GALLERIA LLC.

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:

2414 E SUNRISE BLVD

(Principal office address MUST BE A STREET ADDRESS)

FT. LAUDERDALE, FL 33304

Enter new mailing address, if applicable:

PO BOX 4961

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33083

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:

WACKSON DELIA

New Registered Office Address:

2414 E SUNRISE BLVD

Enter Florida street address

FT. LAUDERDALE

City

Florida 33304

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>
CEO	WACKSON DELIA	PO BOX 4961 HOLLYWOOD, FL 33083	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	AGNES CHERFILS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO BOX 4961 HOLLYWOOD, FL 33083	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

08/24/21 2021
Agnes Cherfils
Signature of a member or authorized representative of a member
Agnes Cherfils
Typed or printed name of signee