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## **COVER LETTER**

	AROONY, LLC	
SUBJECT:	Name of Lin	sited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	oundence concerning this matter	to the following:
	VICTORIA WHITE	
	<del></del>	Name of Person
	CHAMPAROONY, LLC	
		Firm/Company
	2630 Revolution Street, U	nit 106
		Address
	Melbourne, FL 32935	
		City/State and Zip Code
	allbodyandwellness@gmail	
For further information	concerning this matter, please c	(to be used for future annual report notification)
Victoria White	Ç ,	727 271-5872
Name	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate Copy Certificate of Sta
= 325.00 t milg rec	Cermence of status	(additional copy is enclosed) Certified Copy (additional copy is e
<u>Mailing Addr</u>	ess:	tadditional copy is e  Street Address:
<u>Mailing Addr</u> Registration	ess:	(additional copy is e

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMPAROONY, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our r d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on July 30, 202	and assigned
Torida document number 1.21000345633		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	
ALL BODY AND WELLNESS, LLC		
he new name must be distinguishable and contain the words "Limited Lie	bility 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)		
		2 2
		7 =
Enter new mailing address, if applicable:		ζ, i, ω [ ]
Mailing address MAY BE A POST OFFICE BOX)		
		三 三
		n: 6
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>c</u>	nter the name of the new regist
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
_ <del>_</del>	Enter Florida street d	uddress
		, Florida

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			☐ Remove
			Change
			□ Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□ Add
			Remove
			□Change

Please be careful to change the	ne correct CHAMPAROON	Y. LLC account, as the	re are currently 2 lists	ed in your
system.				
<del></del>				
	**			
		-		
tive date, if other than the	date of filing:		(optional)	D
ffective date is listed, the date must If the date inserted in this bl	ock does not meet the applic	able statutory filing re	quirements, this date	will not be liste
ment's effective date on the D	epartment of State's records			
rd specifies a delayed effectiv	e date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) Th	e 90th day after
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April 28	2022			
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