L22000109028

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
(Document Number)		
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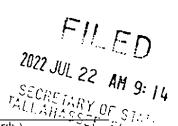
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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

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DATE 7/22/21 TIME
Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BODY AND SOUL POLE, LLC (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) 03/02/2022 The Articles of Organization for this Limited Liability Company were filed on ____ _ and assigned L22000109028 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BODY, SOUL AND POLE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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

_. Florida ___

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>	Address	Type of Action
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TOTE. II	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	07/22/2022
	/s/: Alexis Romano
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00