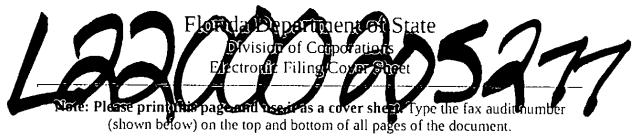
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BACK, BODY & BOOTY WELLNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

g Back, Body & Booty Wellness LLC	•	3 g
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 04/29/22	and assigned
Florida document number L22000205277	······································	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
Back, Body and Balance, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
agent and/or the new registered office address l	istered office address on our records, <u>enter the</u> n	ame of the new register
Name of New Registered Agent:	- <u>-</u>	
New Registered Office Address:		2
	Enter Florida street address	里川
	City	S Ap Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	A 2
provisions of all statutes relative to the proper	agent and agree to act in this capacity. I further a und complete performance of my duties, and I ar ered agent as provided for in Chapter 605, F.S. C gistered office address, I hereby confirm that the	m familiar with and Dr. if this document is

5/20/2024 06:34:54 PDT

To: 18506176383

Page: 3/4

Fax: 8134365206

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
			□ Add
			Remove
			Change
			□ Add
			Remove
			
			□ Add
			□Remove
			□ Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
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			□Change

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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	block does not meet the	applicable statutory I	(option or more than ⁹⁰ days after filling requirements, this d	al) ling.) Pursuant to 605.0207 (3 ate will not be listed as th
he record specifies a delayed effectord is filed.	tive date, but not an effec	ctive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
Dated May 20	2024			
Dated May 20	milth			
1 1 " 4 21				
•	Signature of a member	or authorized representa	tive of a member	