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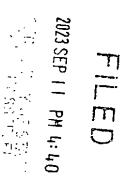
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COVER LETTER

Division of Corporations		
SUBJECT: Body Love Boy.	tiques CLC	
, Name of En	nuted Liability Company	
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
	J. Garcia Munoz Name of Person	
·	rim/Company	
	Can fr/ Address	
<u>Clerma</u>	on F FC. 34714 City/State and Zip Code	
Support & E-mail address:	On F FC. 34714 City/State and Zip Code Dody love boufiques (to be used for future annual report notifications)	· ret
For further information concerning this matter, please		
· Joseph J. Garya Name of Person	at (407) 289 - Area Code Daytime Tel	7487 Jephone Number
Enclosed is a check for the following amount:		
\$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:	Street Address:	_

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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 Love Boy tig	ees LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now ярреятs on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 22000 2854 7</u> ¶	were filed on May 6, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7073 SEP 11 PH 15
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
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.

City

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
<u>AMBR</u>	Victoria Herrera	2245 Dyncan tol	& Add
		2245 Dyncan tol, Clermont, FC 347	/Y □Remove
			□Change
			□Remove
			□Change
		·····	□Add
			□Remove
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			□Change

Page 2 of 3

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fan effec <u>Note:</u> If	e date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of $90th\ day\ after\ the\ record\ is\ filed.$
Dated _	May 6, 2023 Signature of a member or authorized representative of a member
	Joseph J. Garcia Munoz