

# L22000407197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

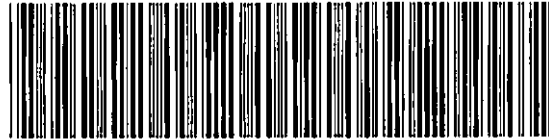
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
NOV 18 2022

Office Use Only




700397364527

FILED  
2022 NOV 17 PM 12:05  
SECRETARY OF  
TALLAHASSEE

RECEIVED  
2022 NOV 17 PM 4:00  
TALLAHASSEE, FLOR.

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: 120210000160 Amount: \$ \$25.00

Authorization Signature:   
BodyScapes Unlimited, LLC L22000407197  
Business Document #

Walk in  
Pick up time

Mail out Will wait

Photocopy

Certified Copy of Articles of Organization

Certificate of Status

**NEW FILINGS**

Profit  
Not for Profit  
Limited Liability  
Domestication  
LLLP  
CORP

**AMMENDMENTS**

X Amendment  
Resignation of R.A. Officer/Director  
Change of Registered Agent  
Dissolution/Withdrawal  
Merger  
Conversion  
AFFIDAVID BY FOREIGN CORP.

**OTHER FILINGS**

Annual Report  
Fictitious Name

APOSTIL

Country

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
Statement of Partnership  
Reinstatement  
Other

XAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: I20210000160 Amount: \_\_\$\_\_\$25.00\_\_

Authorization Signature: *for you*

\_\_\_\_ BodyScapes Unlimited, LLC \_\_\_\_ L22000407197\_  
Business Document #

\_\_\_\_ Walk in  
\_\_\_\_ Pick up time \_\_\_\_

\_\_\_\_ Mail out \_\_\_\_ Will wait

\_\_\_\_ Photocopy

\_\_\_\_ **Certified Copy of Articles of Organization**

\_\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ LLLP  
\_\_\_\_ **CORP**

**AMMENDMENTS**

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\_\_\_\_ Change of Registered Agent  
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\_\_\_\_ **Conversion**  
\_\_\_\_ **AFFIDAVID BY FOREIGN CORP.**

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name

       APOSTIL  
                    Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign filing  
\_\_\_\_ Statement of Partnership  
\_\_\_\_ Reinstatement  
  
\_\_\_\_ Other

AMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BodyScapes Unlimited, 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:

Dawn Angeloni

\_\_\_\_\_  
Name of Person

BodyScapes Unlimited, LLC

\_\_\_\_\_  
Firm/Company

919 SW 19th Lane

\_\_\_\_\_  
Address

Cape Coral, FL 33990

\_\_\_\_\_  
City/State and Zip Code

BodyScapesUnlimited@yahoo.com

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

For further information concerning this matter, please call:

Dawn Angeloni

239  
at ( )

839-1222

\_\_\_\_\_  
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**

FILED  
2022 NOV 17 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

BodyScapes Unlimited, 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 09/19/2022 and assigned  
Florida document number L22000407197

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**New Registered Office Address:**

*Enter Florida street address*

*City*

*Florida*

*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**

[illegible]

[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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2022  
m Telle

**Nathan Paul Angeloni**

**Filing Fee: \$25.00**