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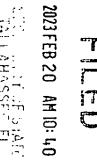
(Requestor's Name)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations				
BDY ACT	IVE, LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CYRUS BASSERI				
		Name of Person			
		Firm/Company	<del></del>	_	
	930 Central Ave, Apt 547				
		Address		<del></del> -	
	Saint Petersburg, Florida 3			2023	
	cyrusbasseri@gmail.com	City/State and Zip Code		2023 FEB 20 AM 10: 40	
	E-mail address: (	to be used for future annual report noti	fication)	20 A	; 6
For further information c	oncerning this matter, please c	all:			ų (
Cyrus Basseri		551 4972033 at ()			
Name o	f Person	Area Code Daytim	e Telephone Numb	ber	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy nal copy is enclosed	
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of C	orporations	Division of Cor	porations		
P.O. Box 632	7	The Centre of T	'allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BDY ACTIVE, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
the Articles of Organization for this Limited Liability Company w	were filed on October 17, 2022	and assigned
orida document number 1.22000445352		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ity company here:	
LXY, LLC		
ne new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		· 2
THE UPICE GRAPES WOST BE A STREET ADDRESS		PRINCE TO AMI
		2
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		SEE SEE
		5 6
. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	City	Zin 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 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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			□Remove
			☐ Change
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				<b>AH 10:</b>	
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Effective date, if other than the da	te of filing:		(optional)		
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot be prior to	odate of filing or more than the statutory filing requ	m 90 days after tiling.) I tirements, this date w	Pursuant to 605 fill not be list	5.0207 ( ed as t
document's effective date on the Depar					
e record specifies a delayed effective da	te, but not an effective tim	ie, at 12:01 a.m. on the	earlier of: (b) The	90th day afte	r the
rd is filed.					
	2023				
March 21	. 2023	_•			
Dated March 21	1				
	2023  - 2023  mature of a member or author	ized representative of a n	nember		