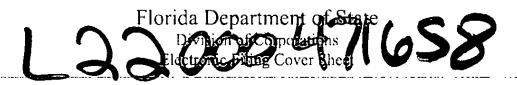
12/15/22, B.28 AM

To

Division of Corporations



2022-12-15 12.43-26 PST

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| To: | | |
|-------|-----------------------------------|------|
| | Division of Corporations | البو |
| | Fax Number : (850)617-6383 | · · |
| From: | | |
| | Account Name : LEGALZOOM.COM INC. | |
| | Account Number : I20010000062 | |
| | Phone : (323)962-8600 | |
| | Fax Number : (323)389-0502 | |

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

| Email | Address: | | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BODYANDSOULBYCARLY, PLLC

| Certificate of Status | 0 |
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| Certified Copy | 11 |
| Page Count | 05 . |
| Estimated Charge | \$55.00 |

C. BRUMBLEY

DEC 16 2022

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Corporate Filing Menu

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Registration Section

To:

TO:

COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|--------------|---|--|--|
| SUDJECT. | BODYANI | DSOULBY CARLY, PLLC | | |
| SCHIECT | | OSOULBYCARLY, PLLC Name of Limi | ited Liability Company | |
| | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | indence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | · · · · | City/State and Zip Code | |
| | | carlytesta@hotmail.com | | |
| | | E-mail address: () | o be used for future annual report notifi | (cation) |
| For further in | iformation e | oncerning this matter, please ca | iU: | |
| Cheyenne M | loseley | | 800 773-0888 at () | |
| _ | Name o | l'Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| □ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed) |
| | | ING ANDROO | 0707000000 | en (Danes) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BODY AND SOULBY CARLY, PLLC | | |
|---|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) Jability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.22000471658 | were filed on 11/02/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| Body And Soul By Carly PLLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or t | he abbreviation "L. L.C." |
| Enter new principal offices address, if applicable: | | 202 |
| (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 of registered agent and/or the new registered office address here Name of New Registered Agent: | | IS PH I: 46 |
| | | |
| New Registered Office Address: | Enter Florida street addiess | |
| | | |
| | Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and Le provided for in Chapter 605, E.S. | in familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

Ta: Page: 5 of 6

MGR = Manager

From Sylvia F

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| $AMBR = \lambda$ | Authorized Member | | |
|------------------|-------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
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| | | | ☐ Remove |
| | | | □ (?) |

| Signature of a member or anthonized representative of a member | ed | 0 J. 29 . 2022 |
|--|----------|--|
| | | Signature of a member or authorized representative of a member |
| A SUM TEAMS | Carla Te | |

Page 3 of 3

Filing Fee: \$25.00