L22000483143

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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A. RIVERS
JAN 1 3 2023



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COVER LETTER

TO:

TO: Registration Section Division of Corporati	ons		
SUBJECT:	Body Sho	Put t fability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of Amend	lment and fee(s) are subr	nitted for filing.	
Please return all correspondence	e concerning this matter t	o the following:	
	Ant	hony C Brewer	
	Bode	Shop 360 UC Firm/Company	
		Miccosuker fd.	
	Tu	H fz 3 2 3 C S City/State and Zip Code	
	E-mail address (Shop 360 @ 49 hoo	ication)
For further information concern	_		
Name of Posso	Brever	at (850) (66) - Area Code Daytime	7389 Telephone Number
Enclosed is a check for the foll	owing 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	òn	<u>Street Address:</u> Registration Sec	ction
Division of Corpo		Division of Cor	porations
P.O. Box 6327 Tallahassee, FL 33)31 <i>4</i>	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Body Shop	360 116	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LAAOOO 483143</u>	vere filed onio 28 22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the al	bbreviation "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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	Zip Code C
New Registered Agent's Signature, if changing Registered Agent:		80
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further a	gree 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cicely Clary	1216 Miccosakee Rd	Add
	1 (Jalle Miccosnikee Rd TH. FL 32308	□Remove
		□Change	
		□Add	
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H ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
·	
<u>Note:</u> 11	edate, if other than the date of filing: ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the record cord is filed	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
Dated _	January 13 doll.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00