

L22000508702

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
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NEEKO'S BODY ESSENTIALS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

DEC 15 2022

A. LUNT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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NEKO'S BODY ESSENTIALS 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 12/02/2022 and assigned
Florida document number L22000508702.

This amendment is submitted to amend the following:

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

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:

(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 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:

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

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DocuSign Envelope ID: 0B28E4A2-8D8D-4611-A5C7-E6D23379A627

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

((H22000420706 3))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Taniko Hampton	5560 CLIFF STREET	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Neisha Menzies	5560 Cliff Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL, 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: _____ (optional)

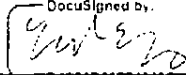
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60S-0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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.

Dated December 14th, 2022

DocuSigned by:



Signature of a member or authorized representative of a member

Neisha Menzies

Typed or printed name of signer

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Filing Fee: \$25.00