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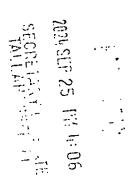
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COVER LETTER

TO: Registration Se Division of Cor				
For Love of	The Body			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		·
	Cheri Houle			
		Name of Person		•
	For Love of the Body			
		Firm/Company		• •
	523 Duque Rd			•
		Address		- ,
	Lutz FL 33549			\ -
		City/State and Zip Code		
	forloveofthebody@gmail.co	om to be used for future annual report noti	75 s.m.; s.m.;	
Exe fuether information of	E-mail address: (concerning this matter, please c		neation	
	tilleerining and matter, preade a			***
Cheri Houle		954 588-2234 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:		S60.00 Filing Fee.	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status to Certified Copy (Status and Copy) (Status	
Mailing Addres	ss:	Street Address:		
Registration		Registration Se		
Division of C		Division of Cor The Centre of T		1 1
P.O. Box 631			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOR LOVE OF THE BODY, LLC		•
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Apr 25, 2024	and assigned
Horida document number 1.23000048570	·	
This amendment is submitted to amend the following:		•• •
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "ELC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		•
		~
B. If amending the registered agent and/or register	ed office address on our records, enter the na	ime of the new registe
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
		27
Name of New Registered Agent:		
		11
New Registered Office Address:	Enter Florida street address	
	emer r torida street daaress	The state of the
	, Florida	<u> </u>
	City	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 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>	<u>Address</u>	
AMBR	Sabrina Vizzari	523 Duque Rd. Lutz FL 33549	= Add
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n effective date is listed ite: If the date inser	ted in this block do	eare and cann es not meet t	iot be prior it the applicat	ble statutory	filing require	ments, this	date will:	not be lis	ited a
cument's effective d	ate on the Departm	ent of State	s records.						
ecord specifies a del: is filed.	ayed effective date.	but not an e	ffective tim	ne, at 12:01 a	i.m. on the ea	rlier of: (b)	The 90t	h day aft	er th
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ted September 23	-a.t	11/20	24						
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