L23000332200

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COVER LETTER

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CUD IE CT	Inspired Be	eauty Body Contouring, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
		THE OF EACH	med Eldomity Company	
		Amendment and fee(s) are sub ondence concerning this matter	-	
		Michelle Pinto		
			Name of Person	
		Inspired Beauty Body Con	touring	
			Firm/Company	
		2240 Belleair Rd Suite 280)	
			Address	
		Clearwater FL 33764		
			City/State and Zip Code	
		mpinto.inspiredbeauty@gm		
Fo r furthe r i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual all:	report notification)
Michelle Pi			978 80	7-4748
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00]	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
Re Div P.C	iling Addres gistration S vision of C D. Box 632 llahassee, F	Section orporations 7	Division The Center 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inspired Beauty Body Contouring, 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 July 13, 2023 Florida document number _L23000332200 and assigned 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 "LLC." 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 ____, Florida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Matthew Pinto	16 Pelican Place Belleair FL 33756	□ Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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