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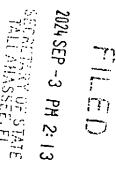
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COVER LETTER

BEA BODY LLC

NAME CHANGE TO: TONDO ROOM LLC

PHONE NUMBER: 305-505-4690

RETURN ADDRESS: 170 OCEAN LANE DR. APT 910 KEY BISCAYNE FL 33149

COVER LETTER

TO: Registration Division of C			
	DDY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	BEATRIZ QUINTERO		
		Name of Person	
	BEA BODY LLC		
		Firm/Company	
170 OCEAN LANE DR. APT 910			
		Address	_
	KEY BISCAYNE, FL 33	149	
		City/State and Zip Code	
	BEATRIZHQ@GMAIL.C		
For further information	E-mail address: (n concerning this matter, please o	(to be used for future annual report no call:	ancanon)
BEATRIZ QUINTER		305 5054690	
Nam	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	r the following 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)
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection
	f Corporations	Division of Co	
P.O. Box 6	327	The Centre of	Tallahassee
Tallahassee	e, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEA BODY LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	<u>records.</u>)	
The Articles of Organization for this Limited Liability C Florida document number L23000341398	Company were filed on JULY 19, 2	2023	_ and assigned
This amendment is submitted to amend the following:	<u> </u>		
A. If amending name, enter the new name of the lim	ited liability company here:		
TONDO ROOM LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)		
		ري <u>ا 7 اي</u> پ	2024
		3 - C 	3S. 1
Enter new mailing address, if applicable:		12 - 12 122 33	1
Mailing address MAY BE A POST OFFICE BOX)		3.5	- Γr
reming austen military vol of the bong		711-1 [11]	1 25
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name	of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
_	Enter Florida street	t address	
		, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the ap	plicable statutory filing	(optional) ore than 90 days after filing, requirements, this date) Pursuant to 605.0203 will not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effective ti	me, at 12:01 a.m.	on the earlier o
August 27th	2024			
ated		· ·		
F	ea Il i	/		
· · · · · · · · · · · · · · · · · · ·	Signature of a member or	authorized representative	of a member	· · ·