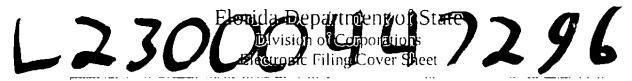
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000359739 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future $\sim$ annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BODY POSITIVE HEALTH AND WELLNESS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODY POSITIVE HEALTH AND WELLNESS L.L.C.				
( <u>Name of the Limited Liability Comps</u> (A Florida Limited)	ny as it now appears on our records.) hability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000447296</u> .	were filed on 09/27/23	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabt	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4818 W US HWY 90 SUITE 100	2		
(Principal office address MUST BE A STREET ADDRESS)	LAKE CITY, FL 32055	23 (		
Enter new mailing address, if applicable:	4818 W US HWY 90 SUITE 100			
• • • • • • • • • • • • • • • • • • • •	LAKE CITY, FL 32055			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the n</u> e	ime of the new register		
New Registered Office Address:	Enter Florida street address			
	, Florida _	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	· · · ·			
I hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I ar provided for in Chapter 605, F.S. C	n familiar with and Fr. if this document is		
If Char	iging Registered Agent, Signature of New	Registered Agent		

10/13/2023 14.41 33 PDT

Tc 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	Name	Address	Type of Action
AMBR	Roberts, Michelle M	4818 W US HWY 90 SUITE 100	≝Add
		LAKE CITY, FL 32055	□Remove
			Change
AMBR	Cadavieco, Sara E	4818 W US HWY 90 SUITE 100	<b>∑</b> Add
		I,AKE CITY, FL 32055	□Remove
			□Change
AMBR	Hill II, James O	4818 W US HWY 90 SUITE 100	<b>☑</b> Add
		LAKE CITY, FL 32055	[]Remove
			ПСһяпде
			FlAdd
			□Remove
			[]Change
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			□Remove
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10/13/2023 MI41/33 PDT	To 18506176383	Page: 4/4	From Registered Agents Inc	Fax: 8134365206

	list EIN# 93-3704948						
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