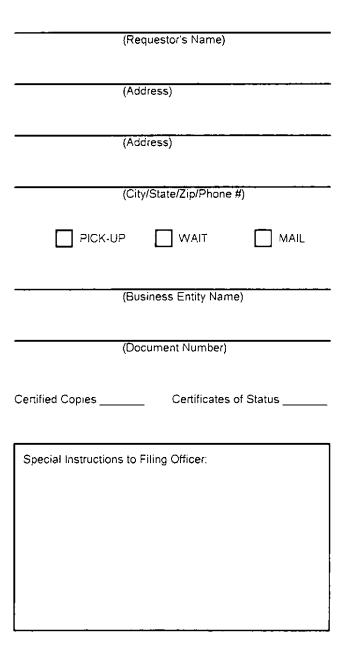
L24 0000 91644



Office Use Only





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COVER LETTER

TO: Registration Division of	on Section f Corporations	•		
CHDIECT.	BODY AND WELLNESS	STUDIO BY LEILY BADELL LLC		
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matte	r to the following:		
	LEYDY BADELL			
	Name of Person			
	BODY AND WELLNESS STUDIO BY LEIDY BADELL LEC			
Firm/Company				
12543 APPOMATOX DR				
		Address		
	ORLANDO, FL 32837			
	 , <u></u>	City/State and Zip Code		
	draleidybadell@hotmail.co			
	E-mail address:	(to be used for future annual report notifical	ntion)	
For further informat	ion concerning this matter, please	call:		
LEYDY BADELL		407 715-9397		
Name of Person		at () Area Code Daytime T	clephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	ce \$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)	
Mailing Address:		Street Address:		
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe S	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JDIO BY LEILY BADELL LLC	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on FEBRUARY 21, 2024	and assigned
Florida document number <u>L24000091644</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
BODY AND WELLNESS STUDIO BY LEI	DY BADELL LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the ab	
Enter new principal offices address, if applicable:		2021116
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		PH
(Mailing address MAY BE A POST OFFICE BOX)		
[Matting address MAT BE A FOST OFFICE BOX)		<u></u>
		,
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the nam	e of the new registere
agent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r toriau street audress	
	, Florida	
	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 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an ef <u>Note:</u>	rive date, if other than the date of filing: 2 / 21/2024 (optional) fective 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 605,0207 (3. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd specities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	3/5 2024.
	Leidy Gadel
	Signature of a member or authorized representative of a member
	Leidy Badell Typed or printed name of signee

Filing Fee: \$25.00

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			Change
		-	□Add
			Remove
			□ Change
-			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Chango