

(Description Name)
(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enal) Name,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200312318462

04/26/18--01013--018 **35.00

S TALLENT MAY 0 9 2018

> 10:3143 8-17443 0:4713

Mord



April 27, 2018

VIVIAN M. GARCIA BODIES BY MARIE ELITE, INC. 70 WESTWARD DRIVE MIAMI SPRINGS, FL 33166

SUBJECT: BODIES BY MARI ELITE, INC.

Ref. Number: P18000019151

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE PAGE 4 OF 4 ENTIRELY AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 118A00008763

18 MAY -8 AMIO: 59
SECRETARY OF STATE
SECRETARY OF STATE

www.sunbiz.org

D' : CO C DON COOR ELL DON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bodies By Mone Elde, Ire.
DOCUMENT NUMBER: 718000019151
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Parice Elter Ire. Firm/ Company Address City/ State and Zip Code City/ State and Zip Code Learned Resouth act E-mail-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (365) 562-1259 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\alpha\$ \tag{\text{S35 Filing Fee}} \tag{\text{S43.75 Filing Fee}} \text{S43.75 Filin
Certificate of Status (Additional copy is Certified Copy Certified Copy Certified Copy is certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of	
Bule B. Mai Fite Jan.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 18000019151	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amenditis Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "huc," or "Co". A professional corporation name must contain to word "chartered," "professional association," or the abbreviation "P.A."	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Miami Springs, FL 3	- 23//ماري
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami Springs, FL 3	- >3/Vd
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	-) #
Name of New Registered Agent	i m
(Florida street address)	
New Registered Office Address: Florida P (City) (City) Cidel Code	고 고 기
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	y.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)				
					 -
				_	
		_			
				·	
					
4			- <u></u>		
			-		
,		·			
If an amendment provides for an excl	hange, reclassific:	ntion, or cancell	ation of issued sh	ares.	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not cor	ntained in the ar	nendment itself:		
				-	
					
					**

The date of each amendment(s) ac	loption: 3/1/2018	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amen fficient for approval.	idment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	,
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and sha	areholder
action was not required	opted by the incorporators without shareholder action and shareho	older
Dated	1/21/18	
Cimatum		
Signature(By a d	irector, president or other officer – if directors or officers have no	ot been
selected	d, by an incorporator - if in the hands of a receiver, trustee, or ot	
appoint	ted fiduciary by that fiduciary)	
	Vivia M. Cassia	
	(Typed or printed name of person signing)	
	Project	
	(Title of nerson signing)	