

11/7/22, 2:59 PM

Division of Corporations

Florida Department of State
 Division of Corporations
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L220003807573

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SECRETARY OF STATE
 TALLAHASSEE, FL
 2022 NOV -8 PM 1:46
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LEGAL TEAM PLLC
 Account Number : 120210000040
 Phone : (786)307-2393
 Fax Number : (786)524-3342

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

Email Address: KSUAREZ@LEGALTEAMSERVICES.COM

2022 NOV -9 10:2:17

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BODY REJUVENATION AESTHETICS, LLC**

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

C. BRUMBLEY
 NOV - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BODY REJUVENATION AESTHETICS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREL SUAREZ, ESQ.
Name of Person

THE LEGAL TEAM PLLC
Firm/Company

1815 SW 85 COURT
Address

MIAMI, FLORIDA 33155
City/State and Zip Code

KSUAREZ@LEGALTEAMSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREL SUAREZ at 786 307-2393
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BODY REJUVENATION AESTHETICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 NOV 8 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

The Articles of Organization for this Limited Liability Company were filed on June 6, 2022
Florida document number L22000247163

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 "L.L.C." 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

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 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

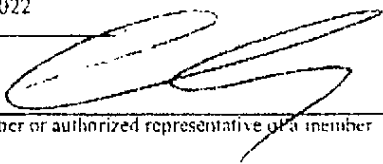
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SONIA M. TORRES	11900 SW 9TH MANOR	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 20 2022



Signature of a member or authorized representative of a member

CARLOS GARCIA

Typed or printed name of signee