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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: PA	Name of Lim	ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robert L.F	Name of Person		
	Panaces To	Pejuvenation Room Firm/Company	LLC	
	10315 1	OZNO TER Address		2:
	Sbasi	City/State and Zip Code		2025 AUG -8 PH 1: 52
	Lansea	actillanmo. Cay		8 1
			ation)	PH
For further information c	oncerning this matter, please ca	all:	• •	 '
Rhanda	Tones	21 (772) 783	1005	52
Name o	f Person	at (<u>772</u>) <u>783</u> (Area Code Day time	Telephone Number	
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy is e	atus &
Mailing Addres Registration S		Street Address: Registration Sect	ion	
Division of Corporations		Division of Corp		
P.O. Box 6327		The Centre of Ta	llahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	OF			
(Name of the Limited Liability Co	mpany in the now appears on our recorded Liability Company)	Loon	n)	i A
The Articles of Organization 6	ced Elability Company)	<u>(1s.)</u>		يك
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the following: A. If a most is	any were filed on 1-2-20	5.5	and :	assigned
- xi amending nama				
of the limited lin	skitta			
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET	contry company here:			
Enter now	ilit: Com			
Enter new principal offices address, if applicable:	anty Company," the designation "LLC" of	or the obli		
(Principal office address MUST BE A STREET ADDRESS)	NIA	v die appleh	iation "L	.L.C."
SA MUST BE A STREET ADDRESS				
Enter new mailing address, if applicable:			20 25	
As an arming address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	NIA	•	SUI	- i
A POST OFFICE BOX)			_	(apur
		1,		
D		12.55	P	
B. If amending the register,		-		7
agent and/or the new residence agent and/or registered age				-
repistered office address here.	dress on our records	-	5	_
B. If amending the registered agent and/or registered office address here: Name of New Registered to Management and New Registered to See 1 and New Registered to See 2 a	records, enter the n	ame of the	naur	
Name of New Registered Agent: N/A			new I	egistered
or New Registered Agent: N/A				
New Region				
New Registered Office Address:				
	Enter Florida street address			-
W Remote.				
w Registered Agent's Signature, if changing Registered Agent's	City Florida_			
aval.		7: 0		

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending A. thorized 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>	Name	Address	Type of Action
MGR	SARAH LOVALLO	1000 37th Place	□Ađd
		VERO BEACH, FL 32910	Remove
			□Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove Change
			□ And □ The control of the control
			□Change
			🖸 Add
			□Remove
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			□Add
			□Remove
			□Change
			□Add
			□Remove □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	-	
	•	
	-	
	•	
	, -	202.
	. :	2025 AUG _
E. Effective date, if other than the date of filing: (optional)		مربع مربع
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5,0207 (3)(6) led as the	S
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 record is filed.	r the	
Dated 7-29-25 Signature of a member or authorized representative of a member		
Robert L. PADGETT III MGR Typed or printed name of signee		