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| (Reque | estor's Name) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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C. GOLDEN KOV - 5 2020

COVER LETTER

| TO: Registration Sc Division of Cor | | | |
|--|--|---|---|
| OLIDARION | nation Westchase LLC | | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Greg Zacharias | | |
| | | Name of Person | |
| | Zacharias Lawrence CPA | | |
| | | Firm/Company | |
| | 600 N Willow Ave Ste 30 | I | |
| | | Address | |
| | Tampa, FL 33606 | | |
| | | City/State and Zip Code | |
| | greg@zachepa.com | to be used for future annual report notif | |
| For further information of | concerning this matter, please c | | acanon) |
| Greg Zacharias | | 813 254-3206 at () | |
| Name o | of Person | | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| SZ\$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 Addre Registration | Section | Street Address: Registration Sec | |
| Division of C P.O. Box 631 | • | Division of Cor The Centre of T | • |
| Tallahassee, | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.

Tampa Rejuvenation Oldsmar/Westchase LLC

202° 5" | 29 | ATT 10: 4 |

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

cles of Organization for this Limited Liability Company were filed on (02/19/2013)

| The Articles of Organization for this Limited Liability Company | were filed on 02/19/2013 | and assigned |
|---|---|------------------------------|
| Florida document number L13000026212 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| age Rejuvenation Westchase LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" of | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | ·· |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | 212 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter th</u> | e name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Flori | da |
| | 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> | Address | Type of Action |
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