## L13000/69536

(Reque	estor's Name)	
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PICK-UP	Mait Wait	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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SECRETARY OF STATE

JAN 2 7 2019 T. **HAMPTON** 

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

RENU IV & MEDSPA 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:

JOHN P MILLER

Name of Person

JOHN P MILLER CPA PA

Firm/Company

**2499 GLADES RD STE 304** 

Address

BOCA RATON, FL 33431

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN P MILLER

<sub>at</sub> 561 368-9777

Name of Person

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IV & MEDSPA LLC	ZOIL TALL
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L13000169536</u>	Company were filed on 12/09/2013	and assigned
This amendment is submitted to amend the following:		9: 00 STATE
A. If amending name, enter the new name of the lin	mited liability company here:	D .
The new name must be distinguishable and end with the words "!	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<del>.</del>
		1.00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	<del> </del>
	Enter Florida street addres.	S
	, Flo	orida 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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BERMAN, THEODORE	307 VIA DE PALMAS	Add
		BOCA RATON, FL 33431	□ Remove
MGRM	HUEBNER, MATTHEW	307 VIA DE PALMAS	Add
		BOCA RATON, FL 33431	□ Remove
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ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)  ated  JANUARY 15TH  2014	tive of a member

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 21 AN 9: 00