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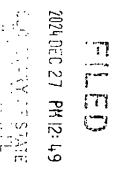
(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	EDSPA, LLC					
SUBJECT:	Name of Lim	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:				
	Junaid Syed					
		Name of Person		_		
	NEW U MEDSPA, LLC					
		Firm/Company		-		
	10255 EMERALD WOOF	OS AVE.				
		Address		_		
	ORLANDO, FL 32836					
		City/State and Zip Code		_		
	junaidasyed@gmail.com	to be used for future annual	iGontian)		2024	
For further information of	concerning this matter, please co		report nottheactony	:	2024 DEC	,
Junaid Syed			53-9296	. ,	27 PI	
Name o	f Person	Area Code	Daytime Telephone Numbe	r	PH 12: 49	
Enclosed is a check for t	he following amount:			, , ,		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certifica closed) Certified	nte of Stan		
Mailing Addres		Street A				
Registration : Division of C		-	ration Section of Corporations			
P.O. Box 632			entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW U MEDSPA, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our recoi Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company	were filed on 10/08/2014	8	ınd assi	gned
Florida document number L14000157620				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbrevia	tion "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				
		. ?	2024	
Enter new mailing address, if applicable:				**************************************
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	FETTER T
				· · · · ·
		; ;	P#.	,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	7.	• • •	registere
agent unavor the new registered writer address nere.) Tet (f)	61	
Name of New Registered Agent:		-		
New Registered Office Address:				
	Enter Florida street addre	ess		
		lorida		
	City	Ζiį	Code	

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

NUMBER OF THE

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
MGR	Syed, Junaid	10255 EMERALD WOODS AVE.	
		ORLANDO, FL 32836	□Remove
			■Change
AMBR	Syed, Sadaf	10255 EMERALD WOODS AVE.	
		ORLANDO, FL 32836	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change

	Article VI
	Pursuant to Florida Statutes Section 605.0407(1)(a), the company is and will be manager-managed.
(If an e <u>Note</u>	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b). The 90th day after the filed.
Dated	12/20/2024
	Signature of a prember or authorzed representative of a member

Filing Fee: \$25.00