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Division of Corporations

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U15000103364

Florida Department of State
Division of Corporations
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From: Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800)494-3124
Fax Number : (305)675-2811

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

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REJUV MAXX LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 25 2016

S. YOUNG

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REJUV MAXX LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/15/2015 and assigned
Florida document number L15000103364.

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 "LLC" or the abbreviation "L.L.C."

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: VITA BARTOLOTTA

New Registered Office Address: 1324 SE 17 STREET

Enter Florida street address

FORT LAUDERDALE

City

Florida 33316

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.

Vita Bartolotta
If Changing Registered Agent, Signature of New Registered Agent

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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	ILIAS TASSIOPOULOS	7450 NW 84 AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VITA BARTOLOTTA	1324 SE 17 STREET	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANA WEST	1324 SE 17 STREET	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

(b) The 90th day after the record is filed.

Dated OCTOBER 24TH 2016

Signature of a member or authorized representative of a member

VITA BARTOLOTTA

Typed or printed name of signee

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