

L16 0000607466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

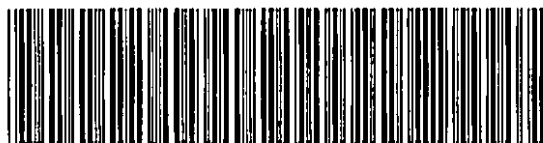
(Business Entity Name)

(Document Number)

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2021 MAR 29 A 11:14

S.C.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ageless Body by New Science 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:

Inna Erlich

Name of Person

CORONA Tax Services Inc

Firm/Company

3800 S. Ocean dr. Ste 216

Address

HOLLYWOOD, FL 33009

City/State and Zip Code

info@CORONA-taxUSA.com

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

For further information concerning this matter, please call:

Inna Erlich

Name of Person

at (

954)

Area Code

646 2777

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810.  
Tallahassee, FL 32303

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

AGELESS BODY BY NEW SCIENCE 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 \_\_\_\_\_ and assigned  
Florida document number L16000007466.

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

City

Florida

Zip

**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 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>                      |
|--------------|---------------------|-----------------------------|--|
| AMBR         | TRAKHTENBERG, SAM S | 17555 Collins Ave           | <input type="checkbox"/> Add               |
|              |                     | SUNNY ISLES BEACH, FL 33160 | <input checked="" type="checkbox"/> Remove |
|              |                     |                             | <input type="checkbox"/> Change            |
| AMBR         | TRAKHTENBERG, INNA  | 2500 E HALLANDALE BCH BLVD  | <input checked="" type="checkbox"/> Add    |
|              |                     | HALLANDALE BEACH, FL 33009  | <input type="checkbox"/> Remove            |
|              |                     |                             | <input type="checkbox"/> Change            |
|              |                     |                             | <input type="checkbox"/> Add               |
|              |                     |                             | <input type="checkbox"/> Remove            |
|              |                     |                             | <input type="checkbox"/> Change            |
|              |                     |                             | <input type="checkbox"/> Add               |
|              |                     |                             | <input type="checkbox"/> Remove            |
|              |                     |                             | <input type="checkbox"/> Change            |
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|              |                     |                             | <input type="checkbox"/> Remove            |
|              |                     |                             | <input type="checkbox"/> Change            |

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CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 the record is filed.

  
Signature of a member or authorized representative of a member

Inna S. Teakhtenberg  
Typed or printed name of signer

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CLERK OF DISTRICT COURT  
SOUTHERS DISTRICT OF INDIANA  
INDIANAPOLIS, IN

**Filing Fee: \$25.00**