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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADRON AND ASSOCIATES INC.

Account Number : 120060000156 : (505)818-0404 Phone (305)818-0898 fax Number

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

Email:	Address:			

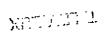
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST OF ME WELLNESS & AESTHETICS CENTER LLC.

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	COVER LETTER	
ro:	Registration Section Division of Corporations	·
	Best of me Wellness & Aesthetics Center LLC	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please n	return all correspondence concerning this matter to the following:	
	Manuel Garcia	
	Name of Person	<del></del> -
	Best of Me Wellness & Aesthetics Center LLC	
	Firm/Company 2007 West 76th St	
	Address Hialeah, Florida 33016	
	City/State and Zip Code	
	Mgarcia_33126@yehoo.com	
For firet	E-mail addiess: (to be used for future annual report notification) ther information concerning this matter, please call:	
	el Garcia 305 7991451	
	Name of Person Area Code Dayting Teleph	

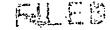
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION

SE SE A LI TO RESE

	OF	ESTA OCT 14 7 7 7 4
Best of Me Wellness & Aestheti	cs Center LLC	The state of the s
	ted Liability Company as it now a (A Florida Limited Liability Comp	puears on our records.)
·	(A Florida Limited Ctability Comp	any)
The Articles of Organization for this Limited I	iability Company were filed o	
Florida document number L16000147828		
This amendment is submitted to amend the following		
A. If amending name, enter the new <u>name o</u>	f the limited liability compa	ny here:
Best OF Me Med	lical Wellne	55 Center 11C" or the abbreviation "L.L.C."
be 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 applic	cable: 209	17 West 7644 Street aleah, Florida 33016
Principal office address MUST BE A STREE	ET ADDRESS) _ H	AleAh, Florida 33016
Enter new malling address, if applicable:		
Mulling address MAY BE A POST OFFICE	<u>BOX)</u>	
3 If amending the registered agent and	or registered office addres	is on our records, enter the name of the new
egistered agent and/or the new registered o	ffice address here:	
	Manuel Garcia	
Name of New Registered Agent:		
New Registered Office Address:	2097 West 76th St	
THE THE PARTY OF T	Ente	r Florida street addi ess
	Hialeah	, Florida 33016
	City	Zip Code
and the second s	- *	-
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

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\_□ Remove

☐ 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 Title Name **Address** Type of Action Manuel Garcia 2097 West 76th St Hialeah, FL AMBR 33016 \_□ Add \_□ Remove ■ Change Maria Mederos 2097 West 76th St Hialeah, FL AMBR 33016 \_□ Add ☐ Remove Change □ Remove \_□ Change \_D Add \_□ Remove \_□ Change □ Add ☐ Remove \_ Change

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	Change of address for both AMBR and register agent.
	3
•	
. Ellet	tive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
f tha re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
b) Th	e 90th cay after the record is filed.
,	
	October 10, 2019
Date	1 Ucrosen 10, 2014
	Signature of a member or authorized representative of a member
	MANUEL GARCÍA

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