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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/26/20

NAME: RESURGONZ, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File First **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRAWBERRY LASER LIPO OF BREVARD, 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:

BRENDA SANCHEZ
Name of Person

STRAWBERRY LASER LIPO OF BREVARD, LLC.
Firm/Company

1550 MONTE CARLO CT
Address

MERRITT ISLAND / FL 32952
City/State and Zip Code

BRENDA@STRAWBERRY LASER USA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA SANCHEZ at (321) 424-0202
Name of Person Area Code 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

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

RESURGONZ, 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 9-7-2016 and assigned
Florida document number L16000166835.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STRAWBERRY LASER LIPO OF BREVARO, LLC

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

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I WOULD LIKE TO RECAWT THE
NAME CHANGE OF STRAWBERRY LASER LIPO
OF BREVARD~~LLC~~ TO RESURGENCE~~LLC~~ THIS
WAS AN ERROR. I WOULD LIKE TO
KEEP THE COMPANY NAME THE SAME.
EIN-813819699 SHOULD BE STRAWBERRY
LASER LIPO OF BREVARD, LLC.

E. Effective date, if other than the date of filing: _____ (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.

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.

Dated 10-26, 20

Brenda Jancz

Signature of a member or authorized representative of a member

BRENDA

JANCZ

Typed or printed name of signee

Filing Fee: \$25.00

Strawberry Laser Lipo of Brevard

400 E Merritt Avenue, Suite C.

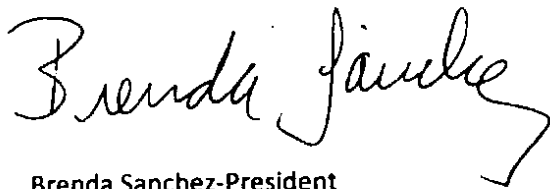
Merritt Island, FL 32952

October 26, 2020

To Whom it May Concern,

The name of my company is Strawberry Laser Lipo of Brevard. The EIN is 81-3819699 and the document number is L16000166885. I made an error and changed the name to Resurgeonz, LLC. This name change needs to be revoked as soon as possible please. I would like to keep the name of my company as it is, Strawberry Laser Lipo of Brevard, LLC.

For any questions please call my cell 321-424-0202.

A handwritten signature in cursive script, reading "Brenda Sanchez". The signature is written in black ink and is positioned above the printed name and title.

Brenda Sanchez-President

Strawberry Laser Lipo of Brevard, LLC.