L16000 208375

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company			
77					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Vanny Egan				
		Name of Person			
	Boca Bella MedSpa, LLC				
		Firm/Company			
	15290 72nd Drive, N.				
		Address			
	West Palm Beach, FL 334	18			
		City/State and Zip Code	_		
	bocabellamedspa@gmail.co				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	all:			
Vanny Egan		561 401-6681 at ()			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	e 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 Addres Registration S		Street Address:	ortion		
Division of C			Registration Section Division of Corporations		
P.O. Box 632		The Centre of 'I	•		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOCA BELLA MEDSPA, LLC				
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L16000208375	iability Company	were filed on NOVEMBER 14, 2016 and assigned		
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity 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)		15290 72nd Drive N. West Palm Beach, FL 33418		
(Mailing address MAY BE A POST OFFICE BOX)		West Palm Beach, FL 33418		
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our records, <u>enter the name of the new register</u>		
	,			
Name of New Registered Agent:	VANNY EGAN			
New Registered Office Address:	15290 72nd Dr	ive N. Enter Florida street address		
	West Palm Rea			

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>	Address	Type of Action
			□Add
	•		□Remove
			Change
			□Remove
	` . `.		□Change
		<u>``</u> \	□Add
		<u> </u>	□Remove
			□Change
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If an effe <u>Note:</u>		late must be specif this block does	ic and cannot be prior not meet the applic	to date of filing or mable statutory filin		onal) filing.) Pursuant to 605.0207 date will not be listed as
e record rd is file	d specifies a delayed ed.	effective date, bu	t not an effective ti	me. at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated _	August 31		. 2020			
	, .					
		Signature	of a member or author	orized representative	of a member	