116000223058

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit)	y/State/Zip/Phone	: #)
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D. FRATHE

COVER LETTER

TO:		stration Sec sion of Corp			
		VIJUVIA L	IFE CENTERS LLC		
SUBJEC	CI:		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	
			BRADLEY COLE		
			 	Name of Person	
			VIJUVIA LIFE CENTERS	SLLC	
				Firm/Company	
			3000 N. ORANGE AVE	SUITE D	
				Address	
			ORLANDO, FL 32804		
			BCOLE@VIJUVIA.COM	City/State and Zip Code	
			E-mail address: (to be used for future annual report no	tification)
For furth	ner in	formation co	oncerning this matter, please ea	all:	
JAMES	BRA	NN		407 416-7765	
		Name of	Person	Area Code Daytii	me Telephone Number
Enclosed	d is a	check for th	e following amount:		
■ \$2 5.	.00 Fi	ling 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIJUVIA LIFE CENTERS LLC		2011	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	2018 DEC	
The Articles of Organization for this Limited Liability Company Florida document number L16000223058 This amendment is submitted to amend the following:	/ were filed on 12/09/2016	and assigned PH 3: 59	
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3000 N. ORANGE AVE.		
(Principal office address MUST BE A STREET ADDRESS)	SUITE D		
	ORLANDO, FL 32804		
Enter new mailing address, if applicable:	3000 N. ORANGE AVE.		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE D		
	ORLANDO, FL 32804		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	P . D . 1		
	Enter Florida street address		
	Florid	da 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

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>	Name	Address	Type of Action
AMBR	CARL TAHN	3000 N. ORANGE AVE., #D ORLANDO, FL 32804	₽ Add
<u> </u>			
			Remove
			☐ Change
AMBR	DAVE WALKER	3000 N. ORANGE AVE., #D ORLANDO, FL 32804	Add
			Remove
			Change
AMBR	JAMES BRANN	3000 N. ORANGE AVE., #D ORLANDO, FL 32804	= Add
			□ Remove
			☐ Change
AMBR	ALEX FINCH	3000 N. ORANGE AVE., #D ORLANDO, FL 32804	\ Add
			☐ Remove
			☐ Change
AMBR		3000 N. ORANGE AVE #D ORLANDO, FL 32804	= Add
			□ Remove
			☐ Change
<u>_</u>	 		D Add
			□ Remove
			□ Change

J	ALEX FINCH 5%, OHN LANGDON 5%, TOM WILSON 5%.
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	JANUARY 1, 201 ♥
tecti in cff	ive date, if other than the date of filing: (optional) ective 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 605.02
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
me	John day after the record is med.
	12 12 10
ated	12-13-18
	Signature of a member of authorized representative of a member
	— Signature of a mentage of authorized representative of a mentage of
	<i>1</i> . —
	BRADLEY COLE

Page 3 of 3

Filing Fee: \$25.00