

L170000080666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

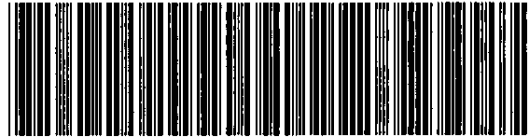
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300298526773

05/01/17--01017--010 **25.00

FILED
17 MAY -1 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 3 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AGING BEAUTIFULLY NOW
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:

LYNN M. BILLET ARNP
Name of Person

4531 DE LEON ST. SUITE #201
Firm/Company
Address

FORT MYERS, FL 33907
City/State and Zip Code

AGINGBEAUTIFULLYNOW@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN BILLET at (916) 716-4782
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
17 MAY - 1 AM 10:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

AGING BEAUTIFULLY NOW
(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 4/11/2017 and assigned Florida document number L170000801666.

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

_____, Florida

City

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>
--------------	-------------	----------------	-----------------------

MGR	LYNN M BILLET	4531 DE LEON ST STE 201	<input checked="" type="checkbox"/> Add
-----	---------------	-------------------------	---

		FORT MYERS FL 33907	<input type="checkbox"/> Remove
--	--	---------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	CHRIS A. BILLET	3924 WEST RIVERSIDE DRIVE	<input checked="" type="checkbox"/> Add
------	-----------------	---------------------------	---

		FORT MYERS, FL 33904	<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
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

FILED
MAY - 1 10 40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

17 MAY - 1
SECRETARY (S)
TALLAHASSEE

FILED
MAY -1 AM 10:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
712

(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.

Dated

4/28/2017

Signature of a member or authorized representative of a member

LYNN BILLET

Typed or printed name of signee