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# **COVER LETTER**

Tallahassee, FL 32314

	egistration So ivision of Co					
SUBJECT	PALM BEACH CENTER FOR AESTHETICS & WELLNESS LLC					
JOBST, CT	•	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retui	rn all correspo	ondence concerning this matter	to the following:			
		STACEY B DILLON				
			Name of Person			
		PALM BEACH CENTER	FOR AESTHETICS & WELLN	ESS LLC		
			Firm/Company			
		2515 STATE ROAD 7 SUITE 200				
		Address				
		WELLINGTON, FLORIDA 33414				
		City/State and Zip Code				
		staceybeth@att.net				
			to be used for future annual report no	otification)		
For further	information c	oncerning this matter, please c	all:			
CECIL WI	LSON		904 771-3160			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	ne 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)		
	ailing Addres gistration S		Street Address:	nation		
	-	orporations	Registration Section Division of Corporations			
	O. Box 632	•	The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PALM BEACH CENTER FOR AESTHETICS & WELLNESS, 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 02/05/2018 and assigned Florida document number L18000031460 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PALM BEACH CENTER for AESTHETICS & ANTI-AGING 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) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

### 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.

City

N/A

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>N/A</u>

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
			□Add
			□Remove
			□Change
		<del></del>	□Add
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			Changa

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	N/A
Effec	tive date, if other than the date of filing: 11-21-2019 (optional)
(11 an c	ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	nent's effective date on the Department of State's records.
tne re ) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	11-21-19
	Signature of a member shorized representative of a member
	Signature of a member horized representative of a member
	$\smile$

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