

L18 000041846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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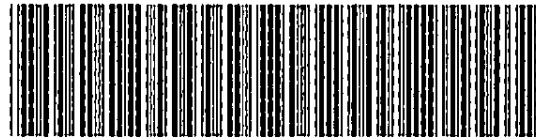
(Business Entity Name)

(Document Number)

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MAR 12 2021  
S. YOUNG

2021 JAN 28 AM 7:11  
FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SAND AND SEA ISLAND CARE GROUP, 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:

VIVIAN TORRES-OLSEN

\_\_\_\_\_  
Name of Person

SAND AND SEA ISLAND CARE GROUP, LLC

\_\_\_\_\_  
Firm/Company

5240 Compass Pointe Circle

\_\_\_\_\_  
Address

Vero, FL 32966

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN TORRES-OLSEN

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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**

SAND AND SEA ISLAND CARE GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 JUN 28 AM 7:11

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The Articles of Organization for this Limited Liability Company were filed on 02/15/2018 and assigned  
Florida document number L18000041846.

This amendment is submitted to amend the following:

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

Regenerate Me Now, 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:**

5240 Compass Pointe Circle

**(Principal office address MUST BE A STREET ADDRESS)**

Vero, FL 32966

**Enter new mailing address, if applicable:**

5240 Compass Pointe Circle

**(Mailing address MAY BE A POST OFFICE BOX)**

Vero, FL 32966

**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**

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**

[illegible]

[illegible]

(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 January 25, 2021

Vincent Torres-Olsen  
Signature of a member or authorized representative of a member

VIVIAN TORRES-OLSEN  
Typed or printed name of signer

**Filing Fee: \$25.00**