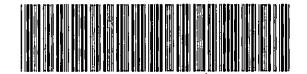
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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section

Divisi	on of Cor	porations	•			
	FOREVER YOUNG BEAUTY MED SPAILLC					
SUBJECT: _		Name of Limited Liability Company				
		Amendment and fee(s) are sub	•			
Please return al	ll correspo	ndence concerning this matter	to the following:			
		YANETSI FLORES I	.ANDA			
			Name of Person			
		FOREVER YOUNG I	BEAUTY MED SPA LLC			
			Firm/Company			
		19710 NW 2ND STRE	EET			
			Address			
	PEMBROKE PINES, FL 33029					
			City/State and Zip Code			
	INFO@AZACCOUNTS.COM E-mail address: (to be used for future annual report notification)					
пелия			•			
		oncerning this matter, please co				
YANETSI FLORES LANDA			908 377-9607 at ()			
	Name of	f Person	Area Code Daytime Telephone Number			
Enclosed is a cl	heck for th	ne following amount:				
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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		Section orporations 7	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

FILED 2029 AUG 31 PM 4: 48

FOREVER YOUNG BEAUTY MED SPAILLC

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

05/30/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ___L18000134983 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 "LLC." 891 E COMMERCIAL BLVD Enter new principal offices address, if applicable: SUITE 206 (Principal office address MUST BE A STREET ADDRESS) OAKLAND PARK, FL 33334 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 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
			□Remove
			☐ Change
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record s _l l is filed.		late, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
ated	AUGUST 13	2020	1
		M. A. I .	<u>A</u>
	Si	gnature of a member or authorized representa	tive of a member

Filing Fee: \$25.00