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Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	
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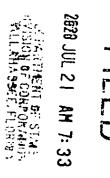
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SEP 02 2020 S. YOUNG

## **COVER LETTER**

	HAPE MED SPAILLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
	respondence concerning this matter to the following:
	The second second and the second waig.
	Edson Ramuth
	Name of Person
	Firm/Company
	14951 ROYAL OAKS LN UNIT 407
	Address
	Miami FL 33181
	City/State and Zip Code
	BestShapeOrlando@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Edson Ramuth	407 2059990 at ( )
Nan	ne of Person Area Code Daytime Telephone Number

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

VIP SHAPE MED SPA 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 08/01/2018

Florida document number L18000184246

This amendment is submitted to amend the following:

	٠٠٠ نينه ته. پريم نيا
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
BEST SHAPE SPAILLC	
The new name must be distinguishable and contain the words "Limited Liab	ility 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:

14951 Royal Oaks Ln Unit 407

Enter Florida street address

\_\_\_\_\_\_, Florida 33181

## 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.

Miami

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>	Address	Type of Action
			□Remove
			□Change
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: i	e date, if other than the date of filing:
If the record record is file	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 d.
Dated _	July 1 2020
	Signature of a member or authorized representative of a member
	Signature of a memora of audiotzen representative of a member
	Edson Ramuth

Typed or printed name of signee