

L19000147451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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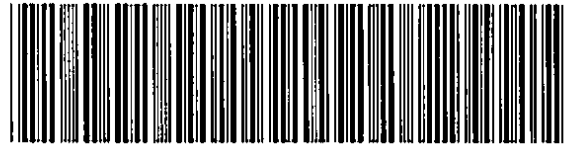
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASPIRE REJUVENATION AND VITALITY 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:

TOMISLAV MARJANOVIC

Name of Person

ASPIRE REJUVENATION AND VITALITY LLC

Firm/Company

7450 DR PHILLIPS BLVD. STE 205

Address

ORLANDO, FL 32819

City/State and Zip Code

TOMO@ASPIRE-VITALITY.COM

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

For further information concerning this matter, please call:

TOMISLAV MARJANOVIC

813 517-6498

at ()

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 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**

ASPIRE REJUVENATION AND VITALITY 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 06/03/2019 and assigned Florida document number L19000147451.

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7450 DR PHILLIPS BLVD

SUITE 205

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7450 DR PHILLIPS BLVD

SUITE 205

ORLANDO, FL 32819

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:

TOMISLAV MARJANOVIC

New Registered Office Address:

2010 LINDA ST

Enter Florida street address

ORLANDO

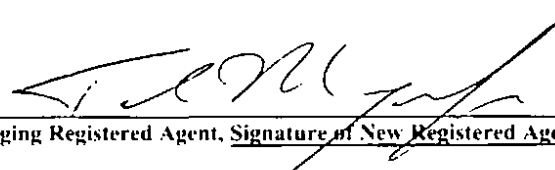
City

Florida 32803

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	TOMISLAV MARJANOVIC	7450 DR PHILLIPS BLVD STE 205	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ASPIRE-VITALITY, INC	2055 WOOD ST STE. 119	<input type="checkbox"/> Add
		SARASOTA, FL 34237	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARC KORSCH	1901 MYAKK RD	<input type="checkbox"/> Add
		SARASOTA, FL 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSHUA WOOD	4173 PALAU DR	<input type="checkbox"/> Add
		SARASOTA, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 March 19, 2020

Signature of a member or authorized representative of a member

TOMISLAV MARJANOVIC / MGR

Typed or printed name of signee

Filing Fee: \$25.00