

LI90000283883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

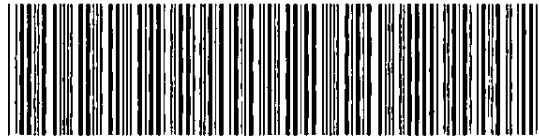
(Business Entity Name)

(Document Number)

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2023 OCT -5 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Body Craft Lab Miami, 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 11/14/2019 and assigned  
Florida document number L19000283883.

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.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: Joenny Morales

New Registered Office Address: 1378 Coral Way, Ste. 500

Enter Florida street address

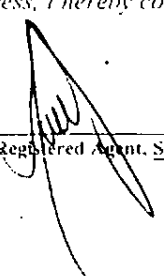
Miami, Florida 33145

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT -5 PM 3:52

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(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:**

<u>Name of New Registered Agent:</u>	<u>Joenny Morales</u>
<u>New Registered Office Address:</u>	<u>1378 Coral Way, Ste. 500</u>
	<i>Enter Florida street address</i>
	<u>Miami</u> , <u>Florida</u> <u>33145</u>
	<i>City Zip Code</i>

**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>
MGR	Jose A Aquino	1378 Coral Way	<input type="checkbox"/> Add
		Suite 500	<input checked="" type="checkbox"/> Remove
		Miami, FL 33145	<input type="checkbox"/> Change
MGR	Joenny Morales	1378 Coral Way	<input checked="" type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Miami, FL 33145	<input type="checkbox"/> Change
AMBR	Jose A Aquino	1378 Coral Way	<input checked="" type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Miami, FL 33145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT -5 PM 3:52

SECRET

SECRET

2013 OCT -5 PM 3:52  
SECRETARY OF STATE  
TALLAMOUNTAIN

SECRETARY OF STATE  
WASHINGTON, D.C. 20520  
2023 OCT -5 PM 3:52  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-14-2013 BY 60322  
UCBAW

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 9/19/2023

Signature of a member or authorized representative of a member

Jenny Thorates

Typed or printed name of signee

**Filing Fee: \$25.00**