L19000285427

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TO:

Registration Section
Division of Corporations

	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DIANE ULETT,MGR.			
		Name of Person		
	TRUPLATINUM MEDSE	A. LLC		
		Firm/Company		
	1506 NESTLEWOOD TR			
		Address		
	ORLANDO, FL 32837			
		City/State and Zip Code		
	ARTWRK2002@YAHOO	COM		
	E-mail address: (to be used for future annual report not	ification)	
for further information c	oncerning this matter, please c	all:		
DIANE ULETT		407 388-8689		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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	
Mailina Addres	e•	Street Address:		
Mailing Address: Registration Section		Registration Se	ection	
Division of Corporations		•	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUPLATINUM MEDSPA, 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 11/15/2019 and assigned Florida document number L19000285427 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRUPLATINUM ELECTROLYSIS AND LASER, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 11601 Orange Blossom Trail #108 Enter new principal offices address, if applicable: Orlando, FL 32837 (Principal office address MUST BE A STREET ADDRESS) 11601 Orange Blossom Trail #108 Enter new mailing address, if applicable: Orlando, FL 32837 (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

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.

_, Florida ___

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
			
			Remove
			Change
			□ Remove
			Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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fan effective date is Note: If the date i	f other than the date of filing:	0207 d as
record specifies a	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Pated	October 28 2020	
	Ine The	
	Signature of a member or authorized representative of a member	