

K20 000218409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

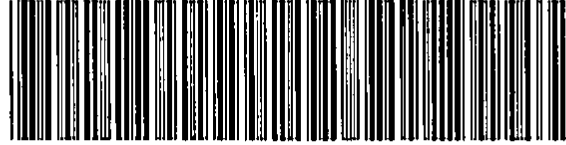
(Business Entity Name)

(Document Number)

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02/05/21--01020--002 **25.00

FILED
2021 FEB -5 PM 6:27
SECRETARY OF STATE
TALLAHASSEE, FL

3/26/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RENOVO MEDSPA, 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:

LOU FUOCO

Name of Person

RENOVO MEDSPA, LLC

Firm/Company

772 US HIGHWAY ONE, SUITE 200

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

LFOUCO@FUOCOCOM

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

For further information concerning this matter, please call:

LOU FUOCO

561

209-1101

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**

FILED

RENOVO MEDSPA, LLC

2021 FEB -5 PM 6:27

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/24/2020 and assigned
Florida document number L20000218409.

This amendment is submitted to amend the following:

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)

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 Zip Code

Now 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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	INFUSION SOLUTION INVESTM	772 US HIGHWAY ONE, STE 200	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 333408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	INFUSION SOLUTION INVESTM	FRANK CORMIO - MBR	<input checked="" type="checkbox"/> Add
		772 US HIGHWAY ONE, STE 200	<input type="checkbox"/> Remove
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change
MBR	INFUSION SOLUTION INVESTM	VINNY FERRARA - MBR	<input checked="" type="checkbox"/> Add
		772 US HIGHWAY ONE, STE 200	<input type="checkbox"/> Remove
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change
MBR	INFUSION SOLUTION INVESTM	BRIAN GAYNOR - MBR	<input checked="" type="checkbox"/> Add
		772 US HIGHWAY ONE, STE 200	<input type="checkbox"/> Remove
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change
MBR	INFUSION SOLUTION INVESTM	LOU FUOCO - MBR	<input checked="" type="checkbox"/> Add
		772 US HIGHWAY ONE, STE 200	<input type="checkbox"/> Remove
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change
R	R3 MEDICAL GROUP	772 US HIGHWAY ONE, STE 200	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

Existing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
3R	R3 HEALTH NETWORK LLC	772 US HIGHWAY ONE, STE 200	<input checked="" type="checkbox"/> Add
		NORTH PALM BEACH, FL 333408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
3R	MARTHA LITTLE	772 US HIGHWAY ONE, STE 200	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

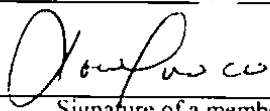
Effective date, if other than the date of filing: FEBRUARY 3, 2021 (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

e 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
rd is filed.

Dated FEBRUARY 3, 2021



Signature of a member or authorized representative of a member

LOU FUOCO

Typed or printed name of signee