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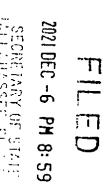
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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Special Instructions to I	Filling Official E	
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: <u>B</u>	ody Rejuveno Name of Lim	ation LLC ited Liability Company	207; n== +3 f1: 8: ng
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	(2 ar los García Name of Person	
	Body Re	Firm/Company	LLC
	100 North	Federal Highwa	ny Svite 201
	Sobe 980/ive. 10 Sobe the 980 E-mail address:	Seach 72 33 City/State and Zip Code Nive · com Sandiw to be used for future annual report not	ilmore @bidyrejwenation md.co
For further informati	on concerning this matter, please co		
<u>Sandi</u> Na	Wilmore me of Person	at (<u>954</u>) <u>53 -</u> Area Code Daytin	2. FS 80 ne Telephone Number
Enclosed is a check f	for the following amount:		
□ \$25.00 Filing Fe	ee ☐ \$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 2021 DEC -6 PM 8:59

FILED

Body Reivvenation LLC SECRETARY OF STATE

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3.15, 2021 and assigned
Florida document number <u>L200032740</u> /.	and assigned
fortula document number 22000) 27 401.	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
he new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
3. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registe
gent and/or the new registered office address here:	
	·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, i lorida

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>	Address	Type of Action
MGR	William Wilmore	100 N Federal Hwy Ste Hallandale Beh 72 3300	20/ 12/Add
		Hallandale Beh 72 3300	□Remove
			□Change
AMBR	Sandra W. Imore	100 N Federal Hwy Ste 2 Hallandale Seh 72 3300	201 (4Add
		Hallandale Sch 72 3300	P □Remove
			Change
		_	□Add
			□Remove
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Effective date, if ot If an effective date is list Note: If the date instead document's effective date is first document's effective date is filed.	· -	<u>CV (OL)</u>	J~		- ,	<u> </u>		<u> </u>		477			
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Filing Fee: \$25.00