

120000327401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

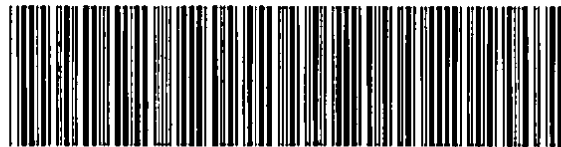
Special Instructions to Filing Office

J. HORNE

DEC 14 2021

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

2021 DEC -6 PM 8:59

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Body Rejuvenation LLC 2021-05-17 0:09
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:

Carlos Garcia
Name of Person

Body Rejuvenation, LLC
Firm/Company

100 North Federal Highway Suite 201
Address

Hallandale Beach FL 33009
City/State and Zip Code

Sobe98@live.com
Sobe~~98~~98@live.com sandi.wilmore@bodyrejuvenationmd.cc
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandi Wilmore at (954) 532-8580
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

Body Rejuvenation, LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	William W. Imore	100 N Federal Hwy Ste 201	<input checked="" type="checkbox"/> Add
		Hallandale Bch Fl 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sandra W. Imore	100 N Federal Hwy Ste 201	<input checked="" type="checkbox"/> Add
		Hallandale Bch Fl 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Need to change EIN#. Please see attached.

E. Effective date, if other than the date of filing: _____ (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.

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 November 28, 2021

Sandra Wilmore

Signature of a member or authorized representative of a member

Sandra Wilmore

Typed or printed name of signer

Filing Fee: \$25.00