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Name Change

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

то:	Registration Sec Division of Corp			
orto IE		Aesthetics and Weightloss	•	
SUBJEC	U1:	Name of Limite	ed Liability Company	
The enci	losed Articles of A	Amendment and fee(s) are subm	uitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter to	the following:	
		Tatiana Fernandez		
		<del></del>	Name of Person	
		Ageless MD Aestehtics and	Weight loss	
			Firm/Company	<del></del>
		6356 Manor Ln # 104		
			Address	
		South Miami FL 33143		
			City/State and Zip Code	
		info@age-lessmd.com		·
		E-mail address: (to	be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please ca	II:	
Tatiana	Fernandez		305 7788678	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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		<u>Street Address:</u> Registration Se	
	Division of C	Corporations	Division of Co	
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallanassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ageless MD Aesthetics and Weight I		
(Name of the Limited	1 Liability Company as it now appears on our records. A Florida Limited Liability Company)	,
The Articles of Organization for this Limited Lia	bility Company were filed on 11/18/2020	and assigned
Florida document number 85-3850137	50000304d3d	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Amore Skin Aesthetics & Weight Loss LLC		
he new name must be distinguishable and contain the we	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
• • • • • • • • • • • • • • • • • • • •		
Principal office address MUST BE A STREET	ADDKESS/	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE E	30X)	
reason, and the second		
	-	
	-introde 600 and durant on the manager output	he name of the naw register.
B. If amending the registered agent and/or re agent and/or the new registered office a <u>ddres</u>	gistered office address on our records, <u>enter ti</u> s here:	ne name of the new registers
agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
170 Transport of System Francisco	Enter Florida street address	
	Flo	rida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	ea from our recorus:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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ective date, if other than th	ic date of filing: _		0.751	(optional)	.05.000
reffective date is listed, the date nete: If the date inserted in this	block does not meet	the applicable s			
cument's effective date on the	Department of State	e's records.			
cord specifies a delayed effect	ive date, but not an	effective time at	12:01 a.m. on the c	earlier of: (h) The S	Oth day after the
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