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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special instructions to Filing Officer			





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O SIMIVIC: -APR 23 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/22/2021	_		**WALK IN**
ENTITY NAME REJU	VENEX MEDSPA LL	.c	
DOCUMENT NUMBER			
	PLEASE FILE T	THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	•	**N'CALK UM**
,	**PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Ar	rts & Amendments	
	Certificate of Good S		ra jako god
	APOSTILLE' /	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	<i>4TION</i>		
NUMBER OF CERTIFICA	'ATES REQUESTED		_
TOTAL OWED \$25.00)	ACCOUNT #: I20160000072	
Please call Tina at	the above number for	r any issues or concerns. Thank you so	mach!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

321 APR 22 AK 10:40 Rejuvenex 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 3/1/2021 and assigned Florida document number L21000100002 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rejuvenex Wellness & MedSpa LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C" 12950 US-301, Suite 118 Enter new principal offices address, if applicable: Riverview, FL 33578 (Principal office address MUST BE A STREET ADDRESS) 12950 US-301, Suite 118 Enter new mailing address, if applicable: Riverview, FL 33578 (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.

City

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

2021 APR 22 AM 10: Un

<u>Title</u>	<u>Name</u>	Address -	Type of Action
AMBR	Katherine Cancel	12950 US-301. Suite 118	
		Riverview, FL 33578	□Remove
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ffective date lif other than	the date of filing: (optional)
an effective date is listed, the date Note: If the date inserted in th	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
record specifies a delayed effo d is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	2021
	/s/ Katherine Cancel
	Signature of a member or authorized representative of a member
Katherine Cancel	

Filing Fee: \$25.00