

L21000181813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

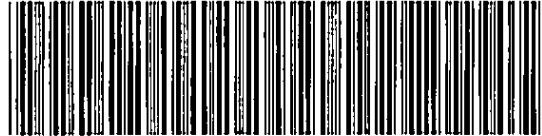
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Regenerative Beauty 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:

Rosa Basile Ruvolo  
Name of Person

Regenerative Beauty LLC  
Firm/Company

11983 N. Tamiami Trail Suite 163  
Address

Naples, FL 34110  
City/State and Zip Code

regenbeauty1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Basile Ruvolo at (239) 537-7079  
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**

Regenerative Beauty 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 04/19/2021 and assigned Florida document number L21000181813.

This amendment is submitted to amend the following:

**A. 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)

11983 N. Tamiami Trail St. 163  
Naples, FL 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1119 Mount Rushmore Drive  
Naples, FL 34110

**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:

Rosa Basile Ruvoletto

New Registered Office Address:

1119 Mount Rushmore Drive

Enter Florida street address

Naples,  
City

Florida

34110  
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.*

Rosa Basile Ruvoletto

**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

Title	Name	Address	Type of Action
MGR	Rosa Basile	1119 Mount Rushmore Dr.	<input type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	Tiffany O'Rourke	2901 SW 81 Terr	<input type="checkbox"/> Add
		Davie, FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove Tiffany O'Rourke from business,  
add Rosa Basile as owner and update  
mailing address. Thank you.

E. Effective date, if other than the date of filing: 11/01/2022 (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 October 25, 2022.

Tiffany O'Rourke

Signature of a member or authorized representative of a member

Tiffany O'Rourke

Typed or printed name of signee