

7/11/22, 3:40 PM

Division of Corporations

**L21000205249**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Account Number : I20210000107  
Phone : (813)284-4727  
Fax Number : (813)436-8460

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jsampson@venerable.law

2022 JUL 11 PM 4:08

2022 JUL 11 AM 10:47

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CJS MED SPA KENDALL LLC**

Certificate of Status	0
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JUL 12 2022

M. SOLOMON

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### COVER LETTER

TO: Registration Section  
Division of Corporations

H220002357233

SUBJECT: CJS MED SPA KENDALL, 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:

JASON SAMPSON  
Name of Person

VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Firm/Company

301 WEST PLATT STREET, NO. 657  
Address

TAMPA, FLORIDA 33606  
City/State and Zip Code

jsampson@venerable.law  
E-mail address: (to be used for future annual report notification)

2022 JUL 11 AM 10:47  
 RECEIVED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JASON SAMPSON at ( 813 ) 284-4727  
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)

**MailingAddress:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**StreetAddress:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

H220002357233

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H220002357233

CJS MED SPA KENDALL, 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 May 3, 2021 and assigned Florida document number L21000205249.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(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

\_\_\_\_\_, Florida \_\_\_\_\_

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.*

*Jason Sampson*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Christopher C. Wilson	112 N 12TH ST UNIT 2202	<input type="checkbox"/> Add
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	A4V 211, LLC	530-B HARKLE ROAD, STE 100	<input checked="" type="checkbox"/> Add
		SANTA FE, NM 87505	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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