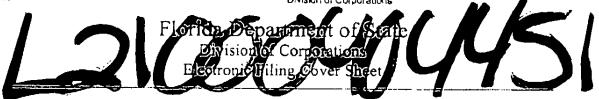
Division of Corporations



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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LELY MED SPA & WELLNESS CLINIC, LLC

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T. LEHelpUX

SEP 29 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LELY MED SPA & WELLNESS CLI	INIC, LLC
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on0	9/13/2021 and assigned
Florida document number <u>L21000404451</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
LELY MED LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	(3,5-5
	اري رحا
	- y-3
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	12
B. If amending the registered agent and/or registered office address on our rec	— <u> </u>
egent and/or the new registered office address here:	ords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	a 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.

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:

<u>Title</u>	Name	Address	Type of Actio
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te: If the	e date insened ir	an the date of date must be specif this block does in the Departmen	not meet the ap	plicable statutory	g or more than 90 or filing requirem	(optional) days after filing.) Pu ents, this date wil	rsuant to 605.0207 I not be listed as
cord spe	cifies a delayed	effective date, bi	it not an effectiv	ve time, at 12:01	a.m. on the earli	er of: (b) The 90)th day after the
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Typed or printed name of signee