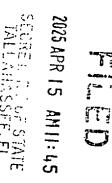
## LA1000409527

(Re	questor's Name)	
(Ad	dress)	
// /	dress)	
(Ad	diess)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

c/- 6/6/2025

Registration Section TO: **Division of Corporations** 

SUBJECT:	Rejure_Rx,	LLC	
SOBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspoi	ndence concerning this matter t	o the following:	
	٩	brny Warren Name of Person	
		Name of Person	
	Ruju	Ye_fx, LLL Firm/Company	
	•	Firm/Company	
	179 Neva Dr		
		Address	
	West Palm	BLALM, FL 33415 City/State and Zip Code	<u> </u>
	E-mail address: (to	evante gmail, Luno be used for future annual report no	otification)
For further information co	oncerning this matter, please ca	·	•
	y Warren	at ( <u>561</u> ) 753 - Area Code Dayti	1319
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e 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 ORGANIZATION OF

FILED

FOUVE-KX, L		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
(	Liability Company)  SFURE VARY OF STATE  TALL AHASSEE FL  and assigned	
The Articles of Organization for this Limited Liability Company	were filed on 9115 3021 and assigned	
Florida document number L2100V4D9527		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Rejuve_Rx Beauty and We The new name must be distinguishable and contain the words "Limited Liabi	alrese LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	750 E Sample Rd	
(Principal office address MUST BE A STREET ADDRESS)	POMPAND BEACH FL 33044	
	Pompand Beach FL 33044 STE 234	
	1201 1 0 1 10 1	
Enter new mailing address, if applicable:	18361 Flage Fanch Kol	
(Mailing address MAY BE A POST OFFICE BOX)	12361 Hage Ranch Rd 503 pmB 1224 Boynton Beach, FL 33437	
	Boynton Beall, FL 33437	
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the new registe	
agent and/or the new registered office address here:	address on our records, enter the name or the new register	
Name of New Registered Agent:		
N Devices and Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with	
provisions of all statutes relative to the proper and complete	e performance of my duties, and I am familiar with and	
accept the obligations of my position as registered agent as a	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 A prized Person(s) a prized to manage, are the title, name, address of each reson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> '	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
		<del></del>	
			□Remove
			Change
		□Add	
		Remove	
		□Change	
	<del></del>		
		□Remove	
		□Change	
		□Add	
		□Remove	
			Change

, 1, amenun 	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<del></del>	
<del></del>	
(If an effective Note: If th	late, if other than the date of filing:    D3   10   303   (optional)
ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	03/14/2025 , 1:00Am.
	Signature of a member or authorized representative of a member
	Ebyny Warren  Typed or printed name of signee