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(Re	equestor's Name)
(Ad	ldress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
J. HORNE AUG 3 1 2022	

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COVER LETTER

Division of Corp			
SUBJECT:	nnce Back Aes	thefics LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Melani	Name of Person	
		(Valle of Feron	
		Firm/Company	
	117-60 SW ?	30th Street-	
	Miami, FL	33175 City/State and Zip Code	
	Melic 880 ar	nail. (by) to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	all:	
Melanie Si Name of	EYYC\ Person	at (786) 2475 Area Code Daytime	438 Telephone Number
Enclosed is a check for the	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	:	Street Address:	

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

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

FILED

2022 JUN 13 AM 8: 30

Bounce Back Aosth	VETICS IC SECRETARY OF STATE INV as it now appears on our records.) TALLAHASSEE, FILLE
(Name of the Limited Liability Compa (A Florida Limited I	Iny as it now appears on our records.) MELPHINGS (C. 1401)
The Articles of Organization for this Limited Liability Company Florida document number <u>LALOOOTHA</u> .	were filed on thrusy 11, 7022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Necdle & Morph LLC The new name must be distinguishable and contain the words "Limited Liabiletics"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	147 Alhambra Circle Suite III Coral Lables, 77 33134
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11760 Sw 20th Sixel- Miami, FL 33175
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
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.

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

<u>Title</u>	Name	Address	Type of Action
		·	□Add
			□Remove
		5-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
		□Add	
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		□Remove	
			□Change
		.	□Add
			□Remove
			□Change

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(If an effective Note: 1	re date, if other than the date of filing:
the record cord is file	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 d.
Dated _	June 5 , 2072.
	Signature of a member or authorized representative of a member
	Melanie J. Sterra Typed or printed name of signee