From: Yanet Avila

4/27/22, 1:12 PM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000152333 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Fmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ILIET MED & SPA L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Yanet Avila

company has been notified in writing of this change.

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ILIET MED & SPA L.L.C			
(Name of the Limited Liability Company as it (A Florida Limited Liability	ow appears on our records.)		
The Articles of Organization for this Limited Liability Company were fit Florida document number L22000169397	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Com-	vany," the designation "LLC" or the abbi	roviation "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 agent and/or the new registered office address here:	on our records, enter the name	of the new	registered 20
N. O.C. B. C. L.		== 1	,22
Name of New Registered Agent:		2	
New Registered Office Address:			<u>~</u>
	Enter Florida street address		7 1
	, Florida	17 -1	
Cu	ı	Zip Code	= :
New Registered Agent's Signature, if changing Registered Agent:	y.		19
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address	nance of my duties, and I am fa d for in Chapter 605, F.S. Or, ij	miltar with f this docun	and tent is

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

Page: 4 of 5

Title	<u>Name</u>	Address	Type of Action
AMBR	ILIET HERNANDEZ	20009 NW 86 CT	
		MIAMI, FL 33015	□Remove
			≅ Change
	The state of the s		C)Add
			□ Rеточе
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□ Remove
		<u> </u>	□ Change
		•	□ Add
		. ,	□Ranove
			: Change

From: Yanet Avila

ILIET HERNANDEZ

Typed or printed name of signer