	ହage:1 of ସି	2022-11-08 18:44:26 GMT	17865243342	e Fro	m: K <mark>arel</mark> Suarez
11 <i>/7/</i> 22, 2:59 PM		Division of Corp	porations		
	L	Florida Department of Division of Corporation Electronic Filling Gover S	State hcon	93	
		se print this page and use it as a cover shown below) on the top and bottom of all pa			
		(((H22000380757 3)))	)		
		H220003607573AEC1		2022 V ZQS	
	Note: DO I	NOT hit the REFRESH/RELOAD button of Doing so will generate another co		-8	FILED
	٢٥:	Division of Corporations Fax Number : (850)617-6383		PH 1:46	E D
(-	From:	Account Name : LEGAL TEAM PLLC Account Number : I20210000040 Phone : (786)307-2393 Fax Number : (786)524-3342			
: - 5 In 2: 17	ann	the email address for this business ent nual report mailings. Enter only one ema ail Address:	ail address please	r future :.**	
2822 1-1	L	LC AMND/RESTATE/CORRECT O BODY REJUVENATION AESTI		GN	
		Certificate of Status	0		
C RPI	MBLEY	Certified Copy Page Count	0		
		Estimated Charge	\$25.00		
INUV - (	9 2022				

Help

To:

	Page: 2 of 5	2022-1	1-08 18:44:26 GMT	17865243342
~		1	COVER LETTE	R
	Registration Section Division of Corport			
	BODY REAL	ENATION AESTHETICS	, LLC	
SUBJEC	T:	Name of Lim	ited Liability Company	
The encle	osed Articles of Arr	endment and fee(s) are sub	mitted for filing.	
Please re	tum all corresponde	ence concerning this matter	to the following;	
		KAREL SUAREZ, ESQ.		
			Name of Person	
		THE LEGAL TEAM PLL	с	
			Firm/Company	
		1815 SW 85 COURT		
•			Address	
		MIAMI. FLORIDA 33155		
			City/State and Zip Code	
		E-mail address: (	to be used for future appual	report notification)
For furth	er information cone	erning this matter, please e		
KAREL	SUAREZ		786 30	07-2393
	Name of Po	rson	Area Code	Daytime Telephone Number
Factored	is a check for the f	ollowing amount;		
₩ \$25.	00 Filing Fee	C S30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Divisio The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

.

From: Karel Suarez

To.

.

Page: 3 of 5

2022-11-08 18:44:26 GMT

17865243342

From: Karel Suarez

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODY REJUVENATION AESTHEFTICS		31 <b>20</b>
( <u>Name of the Limited Liat</u> (A Flor	ollity Company as it now appears on our records.) ids Limited Liability Company)	YON 2002
The Articles of Organization for this Limited Liability Florida document number <u>L22000247163</u> This amendment is submitted to amend the following: <b>A.</b> If amending name, <u>enter the new name of the li</u>	Company were filed on June 6, 2022	PH I:46
The new name must be distinguishable and contain the words "L	imited Liability Company " the designation "[[C" or	the abbreviation "LLC"
-		
Eater new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registened agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
·······	Enter Florida street address	
	. Floric	da
	Cip	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, <u>enter the title, name, and address of each person, being added</u> or removed from our records:

## MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SONIA M. TORRES	11900 SW 9TH MANOR	
		DAVIE, FL 33325	眉Remove
			DChange
			🛛 Remove
			Change
			D Add
			🗆 Remove
			[]Change
			□ Add
			[]Remove
			Change
<u> </u>			ŪAdd
		·	🗆 Remove
			[]Change
			🗆 Add
			[Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	······
· · · · · · · · · · · · · · · · · · ·	
······································	
tive date, if other than the date of filing:	a - 41 - 515

If the record 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

document's effective date on the Department of State's records.

record is filed.

OCTOBER 20 Dated	2022	
Si,	muture of a member or authorized representative of a member	
CARLOS GARCIA		
	Typed or printed name of signee	