L22000268750

(Red	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Rus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
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2023 AUG 28 AH II: 31

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations				
CUDIFCT.	B Youth-tife	ul Wellness LLC			
SUBJECT:		ited Liability Company	26		
			2023 AUS 28		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	22		
Please return all correspon	ndence concerning this matter	to the following:	•		
		Sonia Becerra	AH II: 34		
		Name of Person	£		
		Swyft Filings			
		Firm/Company	· · · · ·		
		3 Greenway Plaza #1320			
		Address			
		Houston, TX 77046			
		City/State and Zip Code			
	per	laevillanueva@yahoo.cx	o m		
		to be used for future annual report			
For further information co	oncerning this matter, please c	all:			
Sonia Bo	мена	877 77	7-0450		
Name of		at ()	rtime Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,		
22 325.00 Tilling Fee	Certificate of Status	Certified Copy	Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		Street Address Registration			
Division of C		Division of (
P.O. Box 632			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2023 AUG 28
_	AH II: 34

B Youth-tiful Well	ness LLC	= -		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	3 ₊		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000268750</u> .	were filed on06/13/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Refeel Aesthetics &	Wellness LLC			
The new name must be distinguishable and contain the words "Limited Liabili		bbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	13255 SW 137th Ave. Suite 101			
	Miami, FI 33186			
Enter new mailing address, if applicable:	13255 SW 137th Ave. Suite 101			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl 33186			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ne of the new registered		
Miami, Fl 33186 f amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent:				
	, 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.

X 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PERLA VILLANUEVA	13164 SW 142ND STREET	□ Add
		MIAMI, FL 33186	X Remove
			Change
AMBR	PERLA VILLANUEVA	13255 SW 137th Ave. Suite 101	X Add
		MIAMI, FL 33186	
			□ Change - 23 □ Add 5
			28 ☐Remove ☐ ☐ ☐ Change
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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ffective da tan effective d	te, if other tha	n the date of filing ate must be specific and	cannot be prior to	date of filing or n	ore than 90 days a	otional) fter filing.) Pursuant	to 605.020
<u>lote:</u> If the o	date inserted in	this block does not me the Department of S	neet the applicab	le statutory filir	g requirements,	this date will not	be listed as
record speci d is filed.	fies a delayed e	ffective date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after the
ated		08/16.	2023	- •			
V	Sale	Villance	va				
X							
X -		Signature of a r	nember or authori	zed representative	of a member		

Filing Fee: \$25.00