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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Decision February)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	,	í
Special Instructions to Filing Officer Name Cha	 	
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J. HORNE		
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Office Use Only



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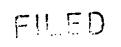
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: KNE	E REJUVENA-	TION CLINIC OF need Liability Company	NEFL, LLC
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspon	ndence concerning this matter	to the following:	
	Rozze	RT L. KENNY,	JR
	CMG N	CONTHEAST FAOR	IDA, LC
	1460 CF	REEKS EDGE CT	
	- FLEMING	S ISLAND, FL City/State and Zip Code	<u>32003</u>
	RoBE E-mail address: (ET @ HEADHICA to be used for future annual report not	4. Cord
For further information co	oncerning this matter, please ca	all	
RACHEL Name of	Person	at (<u>904</u>) 3 Area Code Daytin	38 - 2283 te Telephone Number
linelosed 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 radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



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2022 AUG 12 AH 10: 01

6/20/22

ENATION CLINIC imited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	6/80/22	and assigned
Florida document number <u>L 22000 27 8</u>	3906	, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	<u>iere</u> :	
TRC FLEMING ISLA The new name must be distinguishable and contain the words "L	mued Liability Company," the	designation "LLC" or the abb	reviation "E.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	<u>.</u>
	.,		
	Circ	Florida	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		
AMBE	R = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			□Add
			⊒Remove
			□ Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove

□ Change

. II amena	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note: If t	date, if other than the date of filing:
he record spord is filed	pecifies 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	August 12 2022
	Signature of a member or attithorized representative of a member
	ROBERT L. KENNY JR Typed or printed name of signce