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From:

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Fax Number : (305)592-9591

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to to

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SELF LOVE REJUVENATION SPA, LLC

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AUG 26 2022

M COLOMBIA

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELF LOVE REJUVENA		
(Name of the Limited Liability Compa (A Florida Limited	aby as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/15/2022	and assigned
Florida document number L22000314916		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	10556 NW 7TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL. 33026	> 5. 8
		7 2 2
Enter new mailing address, if applicable:	10656 NW 7TH STREET	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL. 33026	
		<u>ာ္က</u> မွ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street nadress	
	, Florida	Zip Cade
	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
MGR	SHIRLEY AMEZQUITA	10656 NW 7TH STREET	■Add
		PEMBROKE PINES, FL. 33026	□Remove
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D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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		25	1
		7	[7]
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		13	
****	<del></del>		
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this cate will not document's effective date on the Department of State's records.	. w 605.01 be listed	207 (5 µb) as the	
If the record specifies a delayed effective date, but not an effective time, at 12:0) a.m. on the earlier of: (b). The 90th da record is filled.	iy after t	he	
Dated AUGUST 24 2022			
X Signature 1 3 hember 2 authorized representative of a member			
SHIRLEY AMEZQUITA			

Filing Fee: \$25.00

Typed of printed name of signer