## 22000372971

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	Address)  City/State/Zip/Phone #)  WAIT MAIL  Business Entity Name)  Certificates of Status	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5457 (850) 524-624

EXAMINER'S INITIALS:

Please use funds from this account: 12021000	0)60 Amount: \$ <u>25.00</u>
Authorization Signature:Ageless Health & Aesthetics, PLLC	L22 <u>000372971</u>
Business	Document #
Walk in Pick up time	
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organization	
Certificate of Status	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication LLLP CORP	AMMENDMENTS  X Amendment  Resignation of R.A. Officer/Director  Change of Registered Agent  Dissolution/  Merger  Conversion  AFFIDAVID BY FOREIGN CORP.
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Statement of Partnership
Fictitious Name	Reinstatement
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Country	

	Registration Se Division of Cor			•
·		HEALTH & AESTHETICS, P	LLC	
SUBJEC		Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		RYAN RAMOS		
			Name of Person	
		AGELESS HEALTH & A	ESHETICS, PLLC	
			Firm/Company	
		4104 MILLENIA BOULE	VARD, SUITE 111	
			Address	
		ORLANDO, FL 32839		
			City/State and Zip Code	
		kuplander@yahoo.com		
For furth	er information c	n-mail address: (	to be used for future annual	report notification)
RYAN I	RAMOS		201 88 at ( )	7 - 4788
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for the	ne following amount:		
<b>≡</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
	Mailing Address		<u>Street A</u> Registr	ddress: ation Section
	Registration 5 Division of C		-	on of Corporations
	P.O. Box 632	27		entre of Tallahassee
	Tallahassee,	FL 32314	2415 N	I. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 8EC588BC-EF68-4BE2-9AC8-DF9EC454829B

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AGELESS HEALTH & AESTHETICS, PLLC

2022 NOV 21 AM 10: 59

(A Florida Limited	Liability Company)	TALLAHASSES		
The Articles of Organization for this Limited Liability Company	were filed on 08/24/2	o22 and assigned		
Florida document number L22000372971				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4104 MILLENIA BOULEVARD, SUITE 111			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32839			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 328	OULEVARD, SUITE 111		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Pagistered Agents  RYAN RAMO		ds, enter the name of the new regis		
Name of New Registered Agent.	·····			
New Registered Office Address: 4104 MILLEN	IIA BOULEVARD, SUI Enter Florida si			
ORLANDO	Liner Florida 31			
GREANDO	City	, Florida <sup>32839</sup> 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.

DocuSigned by:	
Ruge Exale	ZIS RAMAS
If Changing Reg	(1) Kamos jstered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 8EC588BC-EF68-4BE2-9AC8-DF9EC454829B in amending Authorized rerson(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
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			□Add
			□Remove
			□ Add
			□ Remove
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~ ~ ~ -	e date, if other than the dat tive date is listed, the date must be	specific and c	annot be prior t	o date of filing	or more than 90 c	lays after filing.) P	ursuant to	605.0201
ffective an effective	is to date is issued, the third indicate	does not me	et the applica	ible statutory i	iling requireme	ents, this date wi	ii not be	nsted as
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