

L22000372971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

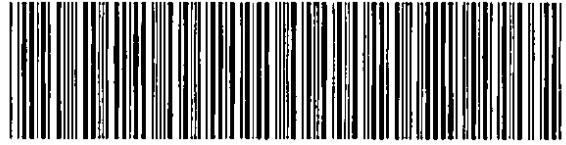
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2022 NOV 21 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 21 PM 3:30

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL. 32309
(850) 524-5457
(850) 524-624

Please use funds from this account: 120210000160 Amount: \$ 25.00

Authorization Signature: [Signature]

Ageless Health & Aesthetics, PLLC L22000372971

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

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/
 Merger
 Conversion
 AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

Annual Report
 Fictitious Name

APOSTIL
Country

REGISTRATION/QUALIFICATIONS

Foreign filing
 Statement of Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGELESS HEALTH & AESTHETICS, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RYAN RAMOS

Name of Person

AGELESS HEALTH & AESTHETICS, PLLC

Firm/Company

4104 MILLENIA BOULEVARD, SUITE 111

Address

ORLANDO, FL 32839

City/State and Zip Code

kuplander@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN RAMOS

at (201) 887 - 4788

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

AGELESS HEALTH & AESTHETICS, PLLC

2022 NOV 21 AM 10:59

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/24/2022 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 liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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:

4104 MILLENIA BOULEVARD, SUITE 111

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32839

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: RYAN RAMOS

New Registered Office Address: 4104 MILLENIA BOULEVARD, SUITE 111
Enter Florida street address

ORLANDO, Florida 32839
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.

DocuSigned by:

Ryan Francis Ramos
If Changing Registered Agent, Signature of New Registered Agent

ii 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

