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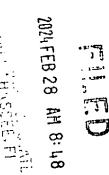
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	EFIGIE MI	ED SPA LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		YAMILET RODRIGUEZ			
		 	Name of Person		
		EFIGIE MED SPA LLC			
			Firm/Company		
		2750 SW 87 AVE SUITE	201	<i>~</i>	
			Address		
		MIAMI FL 33165		2024 FEB 28	
			City/State and Zip Code	(n	
		EFIGIECORP201@GMAI		ro- I	
			to be used for future annual report not	inication) Solve &	
For further in	nformation c	oncerning this matter, please c	all;	' 	
YAMILET	RODRIGUE	Z	305 905-5506 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 E	Filing Fee	(2) \$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)	
	iling Addres gistration S		Street Address: Registration So	ection	
		orporations	Division of Co		
). Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EFIGIE MED SPAILLC (Name of the Limited 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 $\frac{09/12/2022}{2}$ and assigned Florida document number 1.22000397575 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EFIGIE RESEARCH LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

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>	Address	Type of Action
MGR	YAMILET RODRIGUEZ	2746 SW 87 AVE MIAMI FL 33165	□Add
			□Remove
			□Change
			□Add
			Dhange
			80 SSC Dadd SSC OB
		 :	Change
			□Add
		 	□Remove
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	02/26/2024
f fectiv an effe	re date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: l	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
,	in a crossive date on the pepartition of State a records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is file	d.
)2/26/2024
(· · · · · · · · · · · · · · · · · · ·
ated _	
ated _	7 m quez
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00