



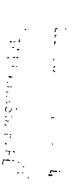
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PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor						
Can 1 an a ma # 21 an	llness Spa LLC					
SUBJECT:	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	-				
·	Barbara Rene	·				
		Name of Person				
	Aubin Wellness Spa LLC					
	FirmvCompany					
	10139 Pines Blvd Address					
	Pembroke Pines , fl 33025					
	City/State and Zip Code					
	Aubinmedspa@gmail.com E-mail address: (to be used for future annual report noti	fication)			
For further information of	concerning this matter, please c	all:				
Barbara Rene		954 399-0910				
Name (of Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he 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			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction			

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aubin Wellness Spa LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on and assigned
florida document number 1.22000422036	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Aubin Med Spa LLc	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	₹. °S
	5
	i.
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 agent and/or the new registered office address here:	on our records, enter the name of the new regis
agent and/or the new registered office address here.	
Name of Nau Projectored Aparts	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	

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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			☐ Add
			Remove
			Change
			
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an effective <mark>(ote:</mark> If the	date is listed, the date inserted	than the date of e date must be speci in this block doe on the Departmo	cific and canr es not meet	not be prior to the applicab	date of filing	; or more than 9	0 days after fil	ing.) Pursuant to	
record spe I is filed.	cifies a delayed	d effective date,	but not an e	ffective tim	e, at 12:01 :	a.m. on the ea	rlier of: (b)	The 90th day	after the
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