# L23000055931

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer

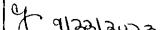




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### **COVER LETTER**

Division of Corp		•	
SUBJECT:	avish Lux 1	Med Spa	
30B3EC1		nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Bianca	. Bachoo	
	Lavish L	Name of Person  Was Medica	
		nd Street N	ute 600
	FortLand	Lerdale FL City/State and Zip Code bachoo @ 101	33301
	bianca. I	City/State and Zip Code bachoo 6 1016 to be used for future annual report noti	ord.com
For further information co	oncerning this matter, please c	all:	
	Bachou	at (305) 915	8837
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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
Lavish Lux N	Aed Spa LLC 2023 SEP-7 PH 12: 02 any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company  Florida document number <u> - 23 0 000559</u> 31	Liability Company)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah  Lavish Lux Medical LL  The new name must be distinguishable and contain the words "Limited Liab	<u>C.</u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	300 SE 2nd Street Suite 600 Fort Lauderdals FL 33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 SE 2nd Street Suite 600 Fort Landerdale FL 33301
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  300 S	nca Bachoo SE 2nd Street Suite 600 Enter Florida street address
tort La	iderdale Florida 33301

#### 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.

of Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		<del>.</del>	
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove

\_ 🗆 Change

## Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• _	
	<del></del>
· <del>···</del>	
_	
<del></del>	
If an effect Note: If	edate, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	8/31/2023 2:13 pm
	Signature of a member of authorized representative of a member
	Bianca Bachoo

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