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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rejuveles Sence LCC 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:	
Rhoda M DbylEy Name of Person	e-1
Refuvenessence LCC Firm/Company	193 KCC
8321 NW 46 ST Address	- P
Luder hul 7 L 33351  City/State and Zip Code	PS 2:1:9
E-shail address: (to be used for future annual report philification)	
For further information concerning this matter, please call:	
Rhodn M D'oylfy at (954), 309-256  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he wa	lenessence "LLC"	
(Name of the Limite)	d Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.G."
Enter new principal offices address, if applica	ble:	2 2
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )	
B. If amending the registered agent and/or re agent and/or the new registered office address	•	enter the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street a	address
		_, Florida
	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.

If amending Authorized Person(s) authorized to manage, enter the fitte, 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
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