

L23000141658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

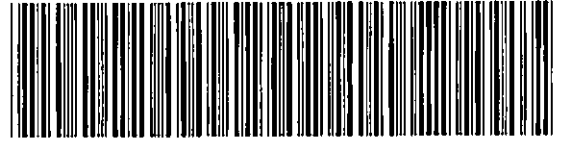
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04/06/23--01001--003 \$55.00

04/06/23

2023 APR - 5 AM 9:40

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2023 APR - 5 PM 4:11

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

Ref. Number: L23000147658

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There are not sufficient funds in your electronic filing account to process your document. If you have questions, please contact the internet access area at (850) 245-6939.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Jasmine N Horne
Regulatory Specialist II

Letter Number: 523A00007722

RECEIVED
2023 APR -5 PM 3:55
J. L. HASSON

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

2023 MAR -5 PM 9:10
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/23/23 and assigned Florida document number L 23000147658

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:

(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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
HCR	Laura Morales	821 Island Shore Dr. Guernsey FL 35413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Oscar Briz	821 Island Shore Dr. Guernsey FL 35413	<input checked="" 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 <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(h)

If the 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 record is filed.

Dated 4/3/23 _____

Signature of a member or authorized representative of a member

Janiza Morales
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00