

L23 000 147 658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

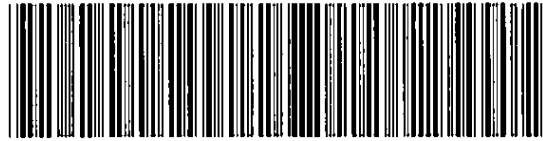
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2023 MAY -9 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FL



2023 MAY -9 PM 2:06

NOTARIAL PUBLIC

Commission Expires 12/31/2024

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$30.00

AUTHORIZATION SIGNATURE: Jan Yule

Larys Med Spa LLC L23000147658

BUSINESS ( Name)

Document #

☐ Certified Copy of articles  
☒ Certificate of Status

**NEW FILINGS**

☐ Profit Corp  
☐ Not For Profit  
☐ INC.  
☐ Limited Liability  
  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ LLLP

**AMENDMENTS**

☒ Amendment  
☐ Statement of Fact  
  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Conversion  
☐ Amended and restated Articles  
☐ Statement of Authority

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**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
  
☐ APOSTILLE ☐ Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
  
☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Larys Med Spa LLC

\_\_\_\_\_  
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:

LARITZA MORALES VARGAS

\_\_\_\_\_  
Name of Person

Larys Med Spa LLC

\_\_\_\_\_  
Firm/Company

6415 Lake Worth Rd.

\_\_\_\_\_  
Address

Greenacres, FL 33463

\_\_\_\_\_  
City/State and Zip Code

larysspacompany@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED

For further information concerning this matter, please call:

Laritza

561

762-1145

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

Larys Med Spa LLC

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

**FILED**  
2023 MAY -9 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned

Florida document number L23000147658.

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)**

6415 Lake Worth Rd.

Greenacres, FL 33463

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6415 Lake Worth Rd.

Greenacres, FL 33463

**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:

LARITZA MORALES VARGAS

New Registered Office Address:

6415 Lake Worth Rd.

Enter Florida street address

Greenacres

Florida 33463

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 Changing Registered Agent, Signature of New Registered Agent



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

changing Principal address, mailing address of business, and of the AMBR (address) and MGR (address)

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TALLAHASSEE, FL

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If Section 301(c) of the Internal Revenue Code applies, enter the date of the transfer.)

(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)(b)  
**Note:** If the date inserted in this block does not meet the requirements of 605.0207 (3)(b), the date must be the date of filing.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 4 2023

Signature of a member or authorized representative of a member

LARITZA MORALES VARGAS

Typed or printed name of signee

**Filing Fee: \$25.00**