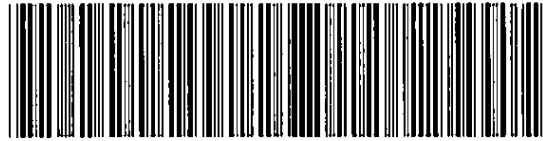


L23 000 147 658



300408407353

FILED

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

2023 MAY -9 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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

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

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)

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

For further information concerning this matter, please call:

Laritza at (561) 762-1145
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: LARIITZA MORALES VARGAS

New Registered Office Address: 6415 Lake Worth Rd.

Enter Florida street address

Greenacres, Florida 33463

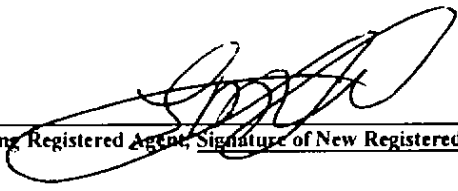
City

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



FILED

2023 MAY 29 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FL

Remove
 Change
 Add

Greenacres, FL 33463

Oscar Baez

6415 Lake Worth Rd.

Greenacres, FL 33463

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

AMBR

