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AUG 2 8 2023

COVER LETTER

,, TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Jo	ncksonville Mi	edi Spa Services, Ll	<u> </u>
The enclosed Articles o	f Amendment and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		2	
	L_LOYD	N. SIMON, ESQ.	
	LAW OFFI	LE of LLOYD N. SIMO	<u> </u>
	161 SAND	HOLLOW RD, Unit 32	5
			
	SOUTHAME	City/State and Zip Code	
	LLOYD B L1	i) Yh C Septimination Control Control	
	E-mail address:	(to be used for future annual report notification)	<u> </u>
For further information c	oncerning this matter, please o	eall:	
LLOYD M.	SIMON	at (9/7) 620-6126	
Name of	f Person	Area Code Daytime Telephone Nu	mber
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Address Registration Se		Street Address:	
Division of Co		Registration Section Division of Corporations	
D O D (200	-	Striatori of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jacksonville Me	di Spa Se	ervices, LLC	
(Name of the Limited Liability Con (A Florida Limit	n pany as it now appears or ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number $\angle 23000278180$	uny were filed on	une (2023 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2(
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
			
		in the second se	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>, 70</u>	
		43	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our reco	rds, enter the name of the new register	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Age	,	24 000	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this cap lete performance of my as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is	
ar c	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Orlando G.	Florete, Tr. MD 3100 Universi	Ky Blud. SAdd
		Florete, Tr., MD 3100 Universion Suite 100, Jacksonvi	11/2, FL 30214 DRemove
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□ Add
			□Rcmove
			□ Change
			□Add
			□Remove
			□Change

, Ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	$\frac{8/7}{2000}$
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee