

L23000404537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

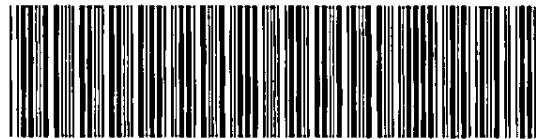
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

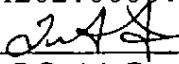
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Please use funds from account: 120210000160: 55.00

Authorization Signature: 

My Body Worx Well Med Spa QS, LLC

L23000404537

Business

Document #

☒ **Certified copy of the Amendment**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE:

AMENDMENTS

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

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ OTHER

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY BODYWORX WELL MED SPA QS, 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:

TABITHA A. TAYLOR, ESQ.

Name of Person

BRYANT TAYLOR LAW, PLLC

Firm/Company

261 N UNIVERSITY DRIVE, SUITE 500

Address

PLANTATION, FL 33324

City/State and Zip Code

info@sbtllaw.com

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

For further information concerning this matter, please call:

Tabitha A. Taylor, Esq.

954

282-9331

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**

FILED

MY BODYWORX WELL MED SPA QS, LLC

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

2023 SEP 12 AM 10:12

The Articles of Organization for this Limited Liability Company were filed on AUGUST 28, 2023 and assigned
Florida document number L23000404537.

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

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TABERNACLE HOMES, LLC	100 W. Long Lake Rd., Suite 102	<input checked="" type="checkbox"/> Add
		Bloomfield Hills, MI 48034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AKSITOTI HOLDINGS, LLC	301 W. Atlantic Blvd., Suite R-5	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAPHAEL PAPILLON	241 Ocoee Apopka Rd.	<input checked="" type="checkbox"/> Add
		Ocoee, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN GUTTMANN	241 Ocoee Apopka Rd.	<input checked="" type="checkbox"/> Add
		Ocoee, FL 34761	<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

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OFFICE OF THE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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 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 **September 12**, 2023

23 Duma

Signature of a member or authorized representative of a member

J.L. Dumas, Manager

Typed or printed name of signee