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## **COVER LETTER**

	ration Secon of Corp	ction porations		
SUBJECT:		CRYO AEST	HETICS & BODY SCULPTING LLC	
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed A	rticles of a	Amendment and fee(s) are sub	emitted for filing.	
Please return al	l correspon	ndence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings	
			Firm/Company	
3 Greenway Plaza #1320				
			Address	
			Houston, TX 77046	
			City/State and Zip Code	
			egalcorpsolutions.com	
For further info	rmation co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification)	
	Sonia Be	ecerra	877 777-0450	
	Name of	Person	at (877 777-0450  Area Code Daytime Telephone Number	
Enclosed is a ch	neck for th	e following amount:		
<b>52 \$2</b> 5.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
	g Addres		Street Address:	
	tration S ion of C	orporations	Registration Section Division of Corporations	
	Box 632		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **CRYO AESTHETICS & BODY SCULPTING LLC**

(Name of the Limited Liability Country (A Florida Limited L	ny as it new annean iability Company)	res our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	11/21/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	re:	
The new name must be distinguishable and contain the words "Limited Liabeli	nty Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	10365 Ho	od Road S	
(Principal office address MUST BE A STREET ADDRESS)	_ Jacksonvil	le, FL 32257	
Enter new mailing address, if applicable:	10365 Hoo	od Road S	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonvil	le, FL 32257	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, enter the nam	e of the new regis
Name of New Registered Agent:	· <del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Flor	ida street address	······································
		, Florida	
	Cay		Zm 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 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

- ----

Title	Name	Address	Type of Action
			□ Remove
			Change
			□Add
		□ Remove	
		□Change	
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Effective data if other than	n the date of filings		(optional)	
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the control of the co	te must be specific and cannot be pr his block does not meet the app the Department of State's recor	licable statutory filing req	an 90 days after filing ) Pursuant	to 605,0207 (3 ne listed as th
the record specifies a delayed off ord is filed.	fective date, but not an effective	e time, at 12:01 a.m. on th	e earlier of: (b) The 90th da	y after the
Dated	29-23.	·		
x	Party Land of the land of a	uthorized representative of a	member	
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Filing Fee: \$25.00