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COVER LETTER

TO:	Registration Se Division of Cor	ction s porations	•	•				
Ageless Vitality Center LLC								
SUBJECT:Name of Limited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are subr	mitted for filing.					
Please r	eturn all correspo	ndence concerning this matter t	to the following:					
		Elaine Riefkohl Ortiz						
	Name of Person							
		Ageless Vitality Center	_L C					
			Firm/Company					
	301 Harbour Place Dr Unit 203							
		· · · · · · · · · · · · · · · · · · ·	Address					
	Tampa F1. 33602							
	City/State and Zip Code doctorer@agelessvitalityconcierge.com							
E-mail address: (to be used for future annual report notification)								
For furt	her information c	oncerning this matter, please ca	all:					
Elaine	Riefkohl Ortiz		813 8952830					
Name of Person			at () Area Code Daytime	: Telephone Number				
Enclose	d is a check for th	ne following amount:						
■ \$25	i.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

Ageless Vitality Concierge LCC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on 01/08/2024	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Ageless Vitality Center LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	4810 W Mc Etroy Ave Unit 6 Tampa FL 33611		
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the nar	me of the RRA	v registe
Name of New Registered Agent:		<u> </u>	्रम् स
New Registered Office Address:	Enter Florida street address	AH IO:	;
	, Florida	Zin Code	
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Luis Mejia Garcia	4810 W Mc Elroy Ave Unit 6	= Add
		Tampa FL 33611	□Remove
			☐ Change
			□∧dd
			□ Remove
			□Change
			□Add
			□ Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Both Luis Mejia Garcia and Elaine Riefkohl Ortiz are co-owners 50/50 of this LLC (optional) E. Effective date, if other than the date of filing: __ (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. March 31 2024 Dated _____ Signature of a member or authorized representative of a member Elaine Riefkohl Ortiz Typed or printed name of signee