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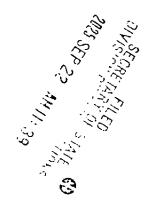
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DATE: 09/22/2025

NAME: MEDSPA CMO LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co			
Medspa C	CMO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cameron Hemphill		
		Name of Person	
	Medspa CMO LLC		
		Firm/Company	
	480 Cannonball Lane		
		Address	
	Inlet Beach Florida 3246	31	
		City/State and Zip Code	
	golfercam7@gmail.com	to be used for future annual report notif	Tention)
For further information of	concerning this matter, please c	•	ication)
Cameron Hemphill		801 755-8379	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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



Medspa CMO LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on May 20t	th 2025	and assigned
Florida document number 25000225743	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Medspa CEO LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	ition "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.			-
		- ,.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		 .	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our record	ls, <u>enter the name</u>	of the new registered
New Registered Office Address:			
	Enter Florida str	cet address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my d ent as provided for in Chapt	luties, and I am fa ter 605, F.S. Or, ij	miliar with and f this document is
	If Changing Registered Agent, Si	ignature of New Regi	stered 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>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			
			Remove
			□Change
			
			□Remove
			Change
			□Add
			Remove
			Change
			Remove
			□ Change

1_	Cameron Hemphill
.1	09/18/2025
ord file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.
<u>:</u> I mei	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis nt's effective date on the Department of State's records.
íTec	re date, if other than the date of filing:
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Filing Fee: \$25.00