Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000191002 3)))



H240001910023ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

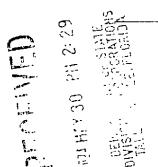
From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Lloyd@Lloydsimonlaw.com



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAX MEDI SPA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY 3 1 2024

(((H240001910023)))

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must t	oe completed)	É n
1. Name of limited liability Company as it appears on the record	ds of the Florida Department of	TALLANS OF THE CO.
State: Jax Medi Spa. LLC		The Solution
Enter new principal office address, if applicable:		- SS 2 C
(Principal office address MUST BE A STREET ADDRESS)		680
Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE BOX)		
2. The Florida document number of this limited liability compar	M2.4000006147	
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 05/14/2024		
SECTION II (5-9 complete only the applicable changes)		
New name of the limited liability company:	nited Liability Company. ""L.L.C	C" or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo copy of the written consent of the managers or managing member must contain "Limited Liability Company," "L.L.C." or "LLC."	ers adopting the alternate name. I	ida and attach a The alternate name
6. If amending the registered agent and/or registered officer add registered agent and/or the new registered office address here:	ress on our records, enter the nam	ne of the new
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida Street Addres	
	City Florida	7in Code
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete and accept the obligations of my position as registered agent as document is being filed to merely reflect a change in the registeriability company has been notified in writing of this change.	nt: to act in this capacity. I further as eperformance of my duties, and I provided for in Chapter 605, F.S.	gree to comply with am familiar with S. Or, if this

If Changing Registered Agent. Signature of New Registered Agent

(((124000191002 3)))

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Member	Orlando G. Florete Jr.	3100 University Blvd. South	<b>≅</b> Add
		Jacksonville, FL 32216	□Remove
Manager	Lloyd Simon	3100 University Blvd. South	□Add
		Jacksonville, F1, 32216	■Remove
			□Add
			□Remove
			202 HAY 30 REPH 1: 49 TALLAHASSEE FLORID
aforementic	under the law of which this entity	cated by the official having custody of records in	⊡Remove

Filing Fee: \$25.00