## 123000256458

| (Req                      | uestor's Name)       |                    |
|---------------------------|----------------------|--------------------|
| (Add                      | lress)               | ,* , , , , , · · · |
| (Add                      | lress)               |                    |
| (City                     | /State/Zip/Phone     | e #)               |
| PICK-UP                   | ☐ WAIT               | MAIL               |
| (Bus                      | iness Entity Nar     | ne)                |
| (Doc                      | ument Number)        |                    |
| Certified Copies          | Certificates         | s of Status        |
| Special Instructions to F | iling Officer:       |                    |
|                           | J. HORI<br>OCT - 6 2 | NE<br>2023         |

Office Use Only



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09/21/23--01014--019 \*\*60.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: COSMPC Phoenex Healphs LC  Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filling.   |
| Please return all correspondence concerning this matter to the following:  |
| Carla Clarke   |
| COSMPC Phoenex Healengs LLC Firm/Company   |
| 4840 NW 65th Avenue  |
| auderhell, Florpda, 33319 City/State and Zip Code  |
| Ca. Clarke@me.com  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Carla Clark Name of Person  at 954 299-7634 Area Code Daytime Telephone Number   |
|  |
| Enclosed is a check for the following amount:  |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee 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

The Company Standard Liability Company as it now appears on our records.)

(Name of the Limited Liability Company)

(A Florida Lunited Liability Company)

| The Articles of Organization for this Limited Liability Co   | mpany were filed on MOV               | 15,003 and assigned                  |
|--|---------------------------------------|--------------------------------------|
| Florida document number <u>L2300025645</u>   | B                                     | <b>23</b>                            |
| This amendment is submitted to amend the following:  |                                       | SEP                                  |
| A. If amending name, enter the new name of the limit   | ed liability company here:            | 21                                   |
| Cosmec Phoenex Healener  | sUC                                   | E. 3                                 |
| The new name must be distinguishable and contain the words "Limite   | d Liability Company," the designation | \$                                   |
| Enter new principal offices address, if applicable:  |                                       | \$\$\tag{\frac{5}{2}}\$              |
| (Principal office address MUST BE A STREET ADDRE   | ESS)                                  |                                      |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |                                       |                                      |
| The state of the s |                                       |                                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:   | office address on our records,        | enter the name of the new registered |
| Name of New Registered Agent:  |                                       |                                      |
| New Registered Office Address:   |                                       |                                      |
|  | Enter Florida street                  | address                              |
| <del></del> .  | ·                                     | _, Florida                           |
|  | Ciţv                                  | 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 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 |
|--------------|---------------------------------------|---------|----------------|
| <del></del>  |                                       |         | □ Add          |
|              |                                       |         | □Remove        |
|              |                                       |         | □Change        |
|              |                                       |         | □Add           |
|              |                                       |         | □Remove        |
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|              |                                       |         | ☐ Change       |

| 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  E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as innent's effective date on the Department of State's records.  Ord 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 filed. | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   | _            |
|--|--|--------------|
| ctive date, if other than the date of filing:  |  | _            |
| ctive date, if other than the date of filing:  |  | _            |
| ctive date, if other than the date of filing:  |  | <del>_</del> |
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| Signature of a member or authorized representative of a member   | Signature of a member or authorized representative of a member   |              |