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2022 APR 26 PH 1:4

## **COVER LETTER**

SUBJECT: HCS	sthetically Name of Limit	Exquisite. LLC ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Valerie F	Adamhiewicz Name of Person	
	Aesthet	ically Exquisite	
	146 Via	D Este Apt 10 Address	006
	Delray Bea	Ch, FL 33 445 City/State and Zip Code	<u>-</u>
	Valerie, Ann E-mail address: (1	H25@3Cloud.com	ion
For further information co	oncerning this matter, please ca		
Valerie Ad	ICMHIEWICZ Person	at (561) 699 - S Area Code Daytime Te	3089 lephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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)

TO:

Registration Section **Division of Corporations** 

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

2022 APR 26 PM 1: 48

TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>L2100028</u>032 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City



Enter Florida street address

or removed from our records:  MGR = Manager  AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			□Add			
			□Remove			
			□Add			
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
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.
Dated 4 20 22  Signature of a member or authorized representative of a member
Valerie Adamhiewica

DIN D 025.00