LZICOC507898

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(Ad	dress)	
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COVER LETTER

TO: Registration S Division of Co			
Med Spa A	Marketing, LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are suf	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Eric Masson, Esq		
		Name of Person	
	Law Offices of Eric Masso	on, PLLC	
		Firm Company	
	19433 NW 23rd St	Name of Person ric Masson, PLLC Firm Company St Address FL 33029 City/State and Zip Code aw.com address: (to be used for future annual report notification)	
		Address	
	Pembroke Pines, FL 3302	,	
		City/State and Zip Code	
	eric@ericmassonlaw.com		
	E-mail address:	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
		at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	outi na
Registration Division of (Registration Se Division of Co	
P.O. Box 63:		The Centre of	-
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Med Spa Marketing, 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 Company were filed on $\frac{11/30/2021}{1}$ ___ and assigned Florida document number L21000507898 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: Enter Florida street 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 $c\overline{m}pb$ 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 Changing Registered Agent, Signature of New Registered 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
MGR	William Donato	5532 Fox Hollow Dr	
		Boca Raton, FL 33486	□Remove
			• Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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<u>Note:</u> If the c	late inserted ii	tan the date o date must be spec t this block doe in the Departme	s not meet the	: applicable	te of filing or me statutory filing	ore than 90 days g requirements	optional) after filing.) Pu s. this date wil	rsuant to 605.026 I not be listed a
record speci d is filed.	fies a delayed	effective date, t	ut not an effe	ective time,	at 12:01 a.m. c	m the earlier o	of: (b) The 90	Oth day after th
Decem	ber 6		2021					
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		Signatu	e or a memoet	от анимписс	терпементануе	or a member		
	e Masson, Esc							

Filing Fee: \$25.00