## 122000050120

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PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name)	
1)	Ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to F	Filing Officer:	
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## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABBY'S AESTHETICS MEDICA	L SPA, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)	<del></del>
The Articles of Organization for this Limited L Florida document number L22000050120	iability Company	were filed on FEBRUARY 9,	, 2022	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the v	cords "Limited Liabi	lity Company " the designation "I I	C" or the abbrevi	ation "I.I.C."
Enter new principal offices address, if applicable:		400 W MORSE BLVD STE	<u>ر</u> م	0225
(Principal office address MUST BE A STREET ADDRESS)		WINTER PARK, FL 32789	1	80
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	400 W MORSE BLVD STE WINTER PARK, FL 32789	206 EF	TOF STATE
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our records, <u>ente</u>	er the name of	the new registered
Name of New Registered Agent:				
New Registered Office Address:	400 W MORSE	EBLVD STE 206  Enter Florida street addr		
	MINISTER P. P.		.ess	
	WINTER PAR	K City F	Florida 32789	in C · I ·
		City'	Zi	ip 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
AMBR	OLADIMEJI JOLAYEMI ADEKU	400 WEST MORSE AVE	□ Add
		WINTER PARK, FL 32789	
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	e, if other than the ne is listed, the date mu ate inserted in this b fective date on the fi				or more than 90 d	_ (optional) ays after filing.) F ents, this date w	Pursuum to 605.02 ill not be fisted :
record speci Lis filed.	ies a dolayed effectiv	e date, but not	an effective (	ime, at 12:01 a	.m. on the earlie	erofi(b). The	Onh day after th
FEBRI	JARY 11		2022	. 1		1	
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Typed or printed name of signee