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2022 JUN 30 AMII: 41
SECRUTARY OF STATE
TAIL AHASSEE. FLORID

COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT: Fac	Lial Lyft, LLC Name of Lim		
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tom G	alover	
		Name of Person	
	Northwest	Registered Ager	H LLC
	7901 +th	Street North	2022 JUN 30 AM II: 41 SECRETARY OF STATE FALLAHASSEE. FLORID, Agent.
		Address	NUC NUC
	St. Petershi	ra.FL 33702	ARY ASSE
		City/State and Zip Code	MG A □
	Support@no	orthwest registered	agent. Comes = C
Car further information o	concerning this matter, please c		noution)
	•		
Nick G	ailkey	at (513) 256-1 Area Code Daytime	0791
Name o	f Person *	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632	="	The Centre of T	·
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FACIAL LYFT, LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	03/21/2	022	and ass	signed
Florida document number <u>L 22 000139036</u>		•			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company h	ere:			
Bum Mate, LLC The new name must be distinguishable and contain the words "Limited Liabi				<u>.</u>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the c	designation "LLC" or	the abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicable:					-
(Principal office address MUST BE A STREET ADDRESS)			>	2022	
			E CRE	<u>_</u>	
			SVE	N 30	p
Enter new mailing address, if applicable:			338 338		m
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	===	
maning united by the state of the bory			ATE	£	
			<u>(~ (~)</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the</u>	name of	the nev	v registere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flo	rida street address			
		, Florid			
	City			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.

City

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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			N SSE JUN T
			For Dange C
			PECRETARY OF STATE ANASSEE. FLORIDA
			□Remove
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	e date inserted in	this block does	s not meet	the applicab						
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Note: If th				affactive tim	e. at 12:01 a.	m, on the ea	rlier of: (b)	The 90th d	ay after	the
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