## 113000028970

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09/09/23--01013--009 \*\*30.00



R. HUNT 05/03/23

## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
SUBJECT:	wely Aesthe	tics LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Tyle	Name of Person	
	Purely	Aesthetics L Firm/Company	<u>LLC</u> :
	1435 SE 1	4 m Ave Oca	1 FL 34431
	<u>Ocala</u>	FL 3447 City/State and Zip Code	1 7 5
	Tyler Jay	Keel e gmail. Co	<u>~</u>
For further information c	concerning this matter, please c		neanon)
Tyler x	ceel	at (352) 266	- 5837
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	etion
Registration 9 Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	-
Tallahassee 1	FI 32314	2415 N. Monro	e Street Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Purely Aesth	netics LLC
(Name of the Limited Liability Company (A Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2300028970</u>	ere filed on $\frac{1/3/23}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
TOXBOX LLC	;
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	:
-	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	f · 1
B. If amending the registered agent and/or registered office address here:	lress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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	<b>Type of Action</b>
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			□Remove
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fective date, if other than the date of an effective date is listed, the date must be spectote: If the date inserted in this block document's effective date on the Department.	ific and cannot be prior to da s not meet the applicable	ate of filing or more than 90 c statutory filing requireme	_ <b>(optional)</b> lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
ecord specifies a delayed effective date. is filed.	ut not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90th day after th
ated April 28	2023		
		d representative of a membe	