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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450 Fax Number : (305)423-3979

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dias917@icloud.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIGS SKIN CARE, LLC

Certificate of Status	1
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(H210001897083)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGS S	SKIN CARE, LLC	<u></u>
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number <u>L21000180634</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	P
DIGS AESTHETICS, LLC		<u> မ</u>
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	r the abbreviation "J., L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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 Changing Registered Agent, Signature of New Registered Agent

(H21000189708 3) 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		□Add	
		□Remove	
			□Change
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
If the reco record is f	rd 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 iled.
Dated	Signature of a member or authorized representative of a member
	Jared Gelles, Esq., Authorized Representative Typed or printed name of signee

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Filing Fee: \$25.00