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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AESTHETICS CLINIQUE LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO E GADEA

(Name of Person)

EDUARDO E GADEA, CPA

(Firm/Company)

10689 N KENDALL DR, SUITE 215

(Address)

MIAMI, FL 33176-1525

(City/State and Zip Code)

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For further information concerning this matter, please call:

EDUARDO E GADEA, CPA

(Name of Person)

at ( 305 ) 595-0634

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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☐ \$60.00 Filing Fee,  
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Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

AESTHETICS CLINIQUE LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on JULY 06, 2006 and assigned document number L06000067532.

**SECOND:** This amendment is submitted to amend the following:

NAME CHANGE TO THE FOLLOWING:

AESTHETICS CLINIQUE OF FLORIDA LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 OCT 30 PM 5:32

Dated OCTOBER 18, 2006.

Signature of a member or authorized representative of a member

**EDUARDO E. GADDA, C.P.A.**  
**16689 N. KENDALL DRIVE**  
**SUITE 213**  
**MIAMI, FLORIDA 33176**

Typed or printed name of signee

**Filing Fee: \$25.00**