# 107000057384

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Aesthate Designs, 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:
Wa Caudell  (Name of Person)  Y'Aesthetic Designis LLC
(Firm/Company)
2911 NE 185th St Unit 2001
Aventura Fl 33180 (Cill/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (289 (99 - 3367) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

(Name of the Limited Liability Company	as it now appears on our records.
(A Florida Limited Liab The Articles of Organization for this Limited Liability Company w Florida document number 6700057384.	25/21/20
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	I Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2911 NE 185th of Unit 2104 Aventura, Fl 32180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	te address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, Florida

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 608, 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)

(Zip Code)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Type of Action Address** Title Remove ☐ Add Remove 🗖 Add Remove ∫ Add Remove 🗖 Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Signature of a member or anthorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00