US00084019

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2015 AUG 14 AN II: 57

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLACKCA+ aesthetics 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:
Right Wat Vins Name of Person BLACK CAT Desthetics Firm/Company 315 Se 3rd terrace Address Cape coral for 33990 City/State and Zip Code Tyan sky Wat Vins Damai . com E-mail address: (to be used for future annual report uptilication)
For further information concerning this matter, please call:
Ryan Watkins at (239) 910-5514 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\mathbb{\text{S}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

FILED

2015 AUG 14 AM 11: 57

Black CAT Aesthetics Limited Liability Company as it now appears on our records.)
(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>05/12/2</u> Florida document number <u>L15000084019</u> .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, energistered agent and/or the new registered office address here:	nter the name of the new
Name of New Registered Agent: Ryan SKY wat Ki	N5
New Registered Office Address: 315 Se 3rd +er Enter Florida street address	race
<u>Cape Coral</u> , Florid	33990 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

MGR = Ma AMBR = Au	anager athorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, to ote: If the date inserted	d in this block does not n	d cannot be prior to date of filin neet the applicable statutors	ng or more than 90 days after	ional) or filing.) Pursuant to 6 is date will not be li	05.0207 (3)(b) sted as the
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record specifies a The 90th day after	a delayed effective d r the record is filed.	late, but not an effect	tive time, at 12:01	a.m. on the ear	lier of:
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R	Signature of a r	mèmber or authorized revreser			
		Typed or printed name of sig	nee		

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Filing Fee: \$25.00