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APRO O TOTO J. HARRIS

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ESSENCE of You THE AESTHETIC SPA 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:
MARIENE VALIADARES  Name of Person
ESSENCE OF YOU, THE AESTHETIC SPA LLC Firm/Company
12731 SW 17 <sup>th</sup> Ct Address
MIRAMAR FL. 33027 City/State and Zip Code
Flaca 786 @ AOL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIENE VANADARES  Name of Person  at (786) 564 - 3175  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} (additional copy is enclosed)\$\$ \$\Bigcup \$\text{\$60.00 Filing Fee, 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

## TO ARTICLES OF ORGANIZATION OF

ESSENCE of You . THE AESTHETIC	: SPA LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _	02 26 2016 and assigned	
Florida document number <u>L16000040424</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
ESSENCE OF YOU THE AESTHETIC MEDICAL	SPA LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	7c -	
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	FE STATE O	
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:	on our records, enter the name of the n	ev
Name of New Registered Agent:		
New Registered Office Address:		
	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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00