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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RENEW FA | ACIAL AESTHETICS LLC | | |
|---|---|----------------------------|--|
| (Name of the Limited Liab (A Flor | oility Company as it now appear ida Limited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability | Company were filed on | 06/15/2016 | and assigned |
| Florida document number L16000117598 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the li | mited liability company he | <u>re</u> : | |
| | | | () () () () () () () () () () () () () (|
| The new name must be distinguishable and contain the words "L | imited Liability Company," the de | esignation "LLC" or the at | bieViation L.L.C. |
| Enter new principal offices address, if applicable: | | | ASSESSED TO |
| (Principal office address MUST BE A STREET ADI | ORESS) | | |
| | ··· | | 7. |
| | | a | |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · | | y — |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | <u> </u> | | |
| D. If amonding the project of the second | | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | nstered office address on differences | our records, enter | the name of the n |
| | | | |
| Name of New Registered Agent: | | | _ |
| New Registered Office Address: | | | - |
| New Registered Office Address. | Enter Flori | da street address | |
| | | , Florida | |
| · | 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

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> | Address | Type of Action |
|--------------|------------------------|--|----------------|
| MGR | CAROLINE DENISE MORRIS | 8595 PEPPER TREE WAY NAPLES, FL 34114 | |
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| V.B. | | |
| Effective date, if other than the date of filing:(optional) | | |
| f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | nt to 605.4 t be liste | 0207 (3) d as the |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed. | earlie | r of: |
| Dated December 3, 2018 | 3/1 | 18 |
| Signature of a member or authorized representative of a member | <u></u> —′ | |