L16000211936

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(Address)
(Address)
(City/State/Zip/Phone #)
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OUM 5/22/20

COVER LETTER

TO: Registration 8 Division of Co	•	1	
SUBJECT:	duance - Estlu	etic: LLC;	
		······································	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kostiant	Yu Suichur Name of Person	ier
	Advance-	- Esthetic C	LLC
		veus wood Ro	
	Fort Land	erdale FL 3	3312
	SUYCHME &	City/State and Zip Code City/State and Zip Code Code of the dised to future annual report not	M ification)
For further information	concerning this matter, please c		
Kostiantyn Name	1 Suichmer	at (<u>786)</u> <u>343</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
31 .32			

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

Advance - Esthetic LLC

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

(A Florida Limited Liability Compa	iy I
The Articles of Organization for this Limited Liability Company were filed on Florida document number $_L$ 1600020936 .	11/18/20/6 and as
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>v here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 ou agent and/or the new registered office address here:	ir records, <u>enter the name of the nev</u>
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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

Zip Code

City

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type (</u>
MGR	Quiler, Jamie	4101 Ravensucod Kol ste 1	<u>03</u> ⊒A6
		Fort Landerdale Fl	333R4Ke
			🗆 Ch
MGR	Hoffman, Ivan	4101 Rowen swood Kd	ibKa
		ste 103a	
		Fort Landerdale FL	🗆 Ch;
		33312	
			□Ren
			🗀 Cha
			□Adc
			□Ren
			□Cha
			🗆 Adc
			□Ren
			□Cha
	-		⊐Ade
			□Ren
			□Cha

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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
	
	
_	
Note: If	te date, if other than the date of filing:
b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.
Dated _	April 29 . 2020.
	Signature of a member or authorized representative of a member
	Kostiautyu Suchmes Typed aprinted name of signee

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Filing Fee: \$25.00