116000229186

_

Office Use Only



600310429596

03/15/18--01013--020 **25.00

2018 MAR 15 AM 10: 51
SECRETARY OF STATE
AND ANASSES FLORID

WAR 1 6 2PM J. HARRIS

COVER LETTER

TO: Registration S Division of Co			
	esthetic Training Institute, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter		
	Denise Merdich, CEO		
		Name of Person	
	Florida Aesthetic Training	Institute	
		Firm/Company	
	522 Pinellas Bayway S, un	nit 211	
		Address	····
	Saint Petersburg, FL 3371	5	
	denise@Aestrainstitute.com	City/State and Zip Code n	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	· ———————————————————————————————
Jeff Merdich	·	813 335-2061	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAU	INC ADDRESS.	· STREET/COURT	FR ADDRESS.

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Aesthetic Training Institute, LLC		
(Name of the Limited Liability Compa (A Fiorida Limited	ony as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Dec 15, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AestraInstitute, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	522 Pinellas Bayway south, Unit 211	32 SE
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33715	
		CV Servery graduate
		Si C
Enter new mailing address, if applicable:		F.S
(Mailing address MAY BE A POST OFFICE BOX)		22 4
		S ¹¹¹ 48
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		·	☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change Av.
_			A Add AR ASSSTRemove
			AR Remove FLORING
 -			Add □
			Remove
			□ Change

					 	
					· · · · · · · · · · · · · · · · · · ·	
		· - · · · · · · · · · · · · · · · · · ·	 			
						
	 					
·		·				
						
		<u> </u>				
						
	<u> </u>					
	·					
	·		- · · · - · · · · · · · · · · · · · · ·			
ote: If the ocument'	date, if other than the ve date is listed, the date in he date inserted in this is seffective date on the last specifies a delayed the day after the re	plock does not meet the Department of State's in ed effective date, I	e applicable statutory fi records.	ling requirements, t	his date will not be	listed a
	3/12/18	······································	··		7.	: 63
ited		7	1000	(<i>PB</i>	SEC:	
ıted		/ JAN 1 / W		1.111	.45	
ated		Signature of a member	or authorized representat	1	- AS	MAS -
ated		Signature of a member	or authorized representate	1	WASSEE	MAR IS
ated		Denis	or authorized representate Or Printed name of signee	ve of a member		