

L17 000 124555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

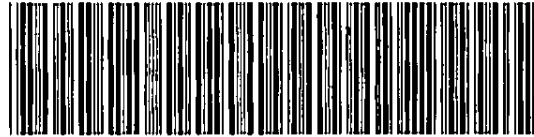
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O SIMMONS
JUN 05 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AISTHETA 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:

MICHAEL SAIGER

Name of Person

AISTHETA LLC

Firm/Company

8 CENTURY LANE

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

AR@MIANSAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SAIGER 305 375-8132

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

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

2020 JUN -5 PM 6: 55

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

If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
MGR	MICHAEL SAIGER	8 CENTURY LANE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 JUN -5 PM 6:55

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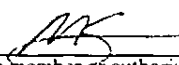
E. Effective date, if other than the date of filing: 05/15/2020 (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 15 2020



Signature of a member or authorized representative of a member

MICHAEL SAIGER

Typed or printed name of signee

Filing Fee: \$25.00