## L17000124555

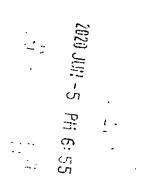
| (Re                     | questor's Name)   |                 |
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| PICK-UP                 | ☐ WAIT            | MAIL            |
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| (Do                     | cument Number)    |                 |
| Certified Copies        | _ Certificates    | of Status       |
| Special Instructions to | Filing Officer:   |                 |
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O SIMMONS

## **COVER LETTER**

TO: Registration Section

| Division of Cor  | porations                                    |  |                          |                |
|--|--|--|--------------------------|----------------|
| AISTHETA   |  | •  |                          |                |
| SUBJECT:   |  | ited Liability Company   |                          |                |
| <b></b>  |  |  |                          |                |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | omitted for filing.  |                          |                |
| Please return all correspo   | ondence concerning this matter               | to the following:  |                          |                |
|  | MICHAEL SAIGER                               |  |                          |                |
|  | · · · · · · · · · · · · · · · · · · ·        | Name of Person   |                          |                |
|  | AISTHETA LLC                                 |  |                          |                |
|  |  | Firm/Company   | •                        |                |
|  | 8 CENTURY LANE                               |  |                          |                |
|  |  | Address  | ·                        |                |
|  | MIAMI BEACH, FL 3313                         | 9  |                          |                |
|  |  | City/State and Zip Code  |                          |                |
|  | AR@MIANSALCOM                                |  |                          |                |
|  | E-mail address: (                            | to be used for future annual repo  | ort notification)        |                |
| For further information of   | oncerning this matter, please c              | all:   |                          |                |
| MICHAEL SAIGER   |  | 305 375-81   | 32                       |                |
| Name o   | f Person                                     | at ()<br>Area Code I   | Daytime Telephone Number |                |
| Enclosed is a check for the  | ne following amount:                         |  |                          |                |
| □ \$25.00 Filing Fee   | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed | n Certified              | te of Status & |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section<br>Corporations<br>27                | The Centre   |                          |                |
|  |  | Tallahasse   | e, FL 32303              |                |

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2020 JUH -5 PH 6: 55

AISTHETA LLC

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

| The Articles of Organization for this Limited Liability Company   | were filed on <sup>06/07/2017</sup> | and assigned                       |
|---|-------------------------------------|------------------------------------|
| Florida document number L17000124555  |                                     |                                    |
| This amendment is submitted to amend the following:   |                                     |                                    |
| A. If amending name, enter the new name of the limited liabi  | ility company here:                 |                                    |
| I.UT, LLC   |                                     |                                    |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity Company," the designation "I.   | LC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   |                                     |                                    |
| (Principal office address MUST BE A STREET ADDRESS)   |                                     |                                    |
|   |                                     | <del></del>                        |
| Enter new mailing address, if applicable:   |                                     |                                    |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                     |                                    |
|   |                                     |                                    |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>ent</u>   | ter the name of the new registered |
|   |                                     |                                    |
| Name of New Registered Agent:   |                                     |                                    |
| New Registered Office Address:  |                                     |                                    |
| New Registered Office Address.  | Enter Florida street ada            | iress                              |
|   |                                     | Florida                            |
|   | Cin                                 | Florida Zip Code                   |
| New Registered Agent's Signature, if changing Registered Agent:   |                                     |                                    |
| I hereby accept the appointment as registered agent and agre  | ge to act in this canacity. I       | further garge to comply with the   |

by 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>    | 2020 JUH - 5 PM 6:                    | 55 Type of Action      |
|--------------|----------------|---------------------------------------|------------------------|
| MGR          | MICHAEL SAIGER |                                       | \.[F]<br><u>L</u> □Add |
|              |                | MIAMI BEACH, FL 33139                 | □Remove                |
|              |                |                                       | = Change               |
|              |                | · · · · · · · · · · · · · · · · · · · | □Add                   |
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|  | 7020 JUH - 5 PM 6: 55   |
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|  | e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 k does not meet the applicable statutory filing requirements, this date will not be listed as |
| ecord specifies a delayed effective d<br>is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| , MAY 15   | 2020  |
| ited   | · · · · · · · · · · · · · · · · · · ·   |
| ated   | gnature of a member of authorized representative of a member  |

Filing Fee: \$25.00