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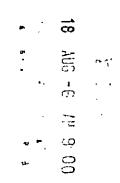
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Br	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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The Royal March 1967 Company



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S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corpo			
SUBJE	CT: GALE	Aesthetics LL Name of Limi	Cited Liability Company	
		nendment and fee(s) are sub-	•	
r lease re	num an correspond	Makeita Ke	-	
		<u>Gree</u> 1	Jesthetics Icc Firm/Company 25th Street Palm Beach Ft 334	
			Address Cach, FL 33454 City/State and Zip Code 1921 & Gmail Com to be used for future annual report notific	
For furth	ner information con	h-mail address; (t cerning this matter, please ca		ation)
Max	lito-Kenne Name of P	dy	at (<u>S& L</u>) <u>907-76</u> Area Code Daytime	978 Telephone Number
. /	I is a check for the 00 Filing Fee	following amount: S30.00 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)
	Registrati	G ADDRESS: on Section of Corporations	STREET/COURIE Registration Section Division of Corporat	

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	· 2
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
the Articles of Organization for this Limited I	Liability Company were filed on $\frac{09/20/2017}{481}$ and assigned
his amendment is submitted to amend the fol	llowing:
. If amending name, enter the new name	of the limited liability company here:
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:
Principal office address MUST BE A STRE	ET ADDRESS)
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE	<u> </u>
3. If amending the registered agent and egistered agent and/or the new registered of	d/or registered office address on our records, enter the name of the noffice address here:
Name of New Registered Agent:	NaKeiter Kennedy
New Registered Office Address:	1309 W 25th Street Enter Florida street address
	Riviera Bealn Florida 33404 City Zip Code
	City Zip Čode

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = | Manager | MBR = Authorized Member

i <u>tle</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
MGR	Nakeita Kenedy	1309 W. 25th Street	
		Rivier Beach, FL 33904	the Remove
			Change
MGR	Nakeita Kennedy -	1309 W.25th Street RIVICTOR Beach, FL 35404	<u>d</u> Add
		Riviera Beach, Fr 33404	□ Remove
			Change
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nent's e	ffective date on	the Department of	State's records.	
cord s	specifies a de	laved effective	date, but not an effective time,	. at 12:01 a.m. on the earlier
		e record is filed		,
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	,		x Kermedy	
			Kermedy a member or authorized representative of a r	nember
		Signature of a		nember
		Signature of a	Kennedy Kennedy Typed or printed name of signee	
	,	Signature of a		nember AUG - G
- -		Signature of a		