117000217405

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE

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COVER LETTER

| то: | Registration Se Division of Cor | | | |
|---------|------------------------------------|---|---|---|
| SUBJ | ECT: | AST Name of Limi | HETIDERM ited Liability Company | LLC |
| | | (L17 | 1000217405) | |
| The en | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Ay | YGZ Shah Name of Person | |
| | | | | |
| | | As | Firm/Company | |
| | | | Firm/Company | |
| | | 7232 W. | Sand Lake 12 Address | 9 |
| | | | Address | |
| | | Orlan | du, Fl 3281 City/State and Zip Code | 9 |
| | | | | |
| | | Shah da | cm 786 @ msh.com | ication) |
| For fur | ther information co | oncerning this matter, please ca | | |
| | Ayyaz | Shah | at (<u>4/07</u>) <u>4/85</u> Area Code Daytime | - 2181 |
| | I / Name o | f Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| □ \$2 | 5.00 Filing Fee | 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) |
| | | | | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| | TO | | | ,~ |
|--|----------------------|---|-------------------------|--|
| ARTICL | ES OF OR | GANIZATIO | ON | r// r |
| | OF | | | 2017 NOV 14 PM 4:02 SECRETARY OF STA |
| A | <i>c</i> . | | | Sec. May 14 per |
| Asthetidern LL | .C | | 14) | LANGIAN "7 4:02 |
| (Name of the Limited Lia (A Flo | rida Limited Liab | as it now appears on oility Company) | our records.) | MASSEE ESTATE |
| The Articles of Organization for this Limited Liability | | (T) | L 20th 1 | SECRETARY OF STATE Joi 7 and assigned |
| | | ere filed onC | 7, 20 7 | and assigned |
| Florida document number <u>L 17000217</u> | <u>40,5</u> | | | |
| This amendment is submitted to amend the following | ; | | | |
| A. If amending name, enter the new name of the l | imitad liabilit | v company hore: | | |
| A. If amending name, enter the new name of the i | | | , , (| |
| The new name must be distinguishable and contain the words " | Hesthe | etiderm | LLC | hhroviation "L. L. C." |
| The new flame mass of distinguishable and contain the words | Limited Liability | | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 7232 | · · | Lake RJ. |
| | | Suite | # 200 | · |
| | - | Oclando | , PS 3 | 2815 |
| | | () | | () |
| Enter new mailing address, if applicable: | _ | | | · |
| (Mailing address MAY BE A POST OFFICE BOX) | . <u>.</u> | | | |
| | _ | į () | | 1.1 |
| | | | | |
| B. If amending the registered agent and/or re | | e address on ou | r records, <u>enter</u> | the name of the new |
| registered agent and/or the new registered office a | <u>aaress nere</u> : | | | |
| V CN B 1 A | | AUVG 7 | Shel | |
| Name of New Registered Agent: | <u> </u> | F1 4 1 7 2 | <u> </u> | |
| New Registered Office Address: | 1232 | W. Sand | Lake Ra |), Suffe # 200 |
| | | Enter r tortaa s | rreet aaaress | |
| | Orland | Cin | Florida | 32819 Zip Code |
| | | Cny | | zap Coae |

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: FILED 2017 NOV 14 PH 4: 03 MGR = Manager AMBR = Authorized Member FALLAHASSEE, FLORIDA Type of Action <u>Title</u> <u>Name</u> **Address** □ Add □ Remove _____ □ Change □ Add □ Remove ☐ Change _____ □ Add □ Remove _____ Change _____ 🗖 Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ____ Change

| · · · · · · · · · · · · · · · · · · · | other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| <u>Just</u> | need to change spelling of nany |
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| For | Asthetidem to Aesthetidermille. any questions, please contact \$907-485-2181. |
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| (If an effective date is li <u>Note:</u> If the date in | other than the date of filing: Nov. 1S+, 2017 (optional) isted, 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) (ascrted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the red date on the Department of State's records. |
| f the record specif b) The 90th day | ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed. |
| Dated | November 1St. 2017. Allah |
| | Signature of a member or authorized representative of a member |
| | A Y/A 2 SHAH Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00