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> COVER LETTER

Tallahassee, FL 32314

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CUD FOOT.		Center for Aesthetics & Anti-	Aging, LLC	
SUBJECT			ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Stacey Dillon		
			Name of Person	
		Palm Beach Center for Aes	sthetics & Anti-Aging	
			Firm/Company	
		2515 State Road 7, Suite 2	00	
			Address	
		Wellington FL, 33414		
			City/State and Zip Code	
		palmbeachskin@att.net	to be used for future annual report notil	ication!
For further	information c	concerning this matter, please ca		,
Stacey Dill	on		561 644-6178	
	Name o	n Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for the	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)
	ailing Addres		Street Address:	ction
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	O. Box 632	="	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Center for Aesthetics & Anti-Aging, LLC

2021 DEC 10 PT 3. 51

(Name of the Limited Liability Company as it now appears -n our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/05/2018}{}$ Florida document number _____18000031460 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Palm Beach Center for Aesthetics & VIP Medicine, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

١	M	BR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
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record specifies a delayed effective of is filed.	late, but not an effective t	ime, at 12:01 a.m. on i	the earlier of: (b) The 90	th day after the
December 2nd	2021			
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cord specifies a delayed ef s filed.	fective date, but no	t an effective time	, at 12:01 a.m. on the	earlier of: (b) 1	he 90th day after the
December 2nd		2021			
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	Subathment	member or authoriz	ed representative of a r	nember	
	Signature of a	member or authoriz	ed representative of a r	nember	