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

Office Use Only



400333498184

08/29/19--01018--015 ++30.00

SECONDANG 29 PM 1:40



COVER LETTER

TO:	Registration Se- Division of Cor			
SUBJI	ECT:	Tete Produ	cts LLC ited Liability Company	
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:	
		Mea	ghan White Name of Person	
			Firm/Company	
		12321 Seash	nore lane Apt. 1	105
		Jacksonvill	e FL 32224 City/State and Zip Code	<u>. </u>
		<u>Meaghar</u> E-mail glddress: (1.1. White @ Outle to be used for future annual report not	OOK · COM
For fur	ther information co	oncerning this matter, please ca		
_/\/	leaghan Name of	White	at (251) 50 4 Area Code Daytin	- Q 7 9 7 ne Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2:	5.00 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)
	MAILI	ING ADDRESS:	STREET/COUR	IER ADDRESS:

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

TO:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tete Products LLC	it now appears on our re	
(Name of the Limited Liability Company as (A Florida Limited Liabilit	y Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 180000 75727</u>	filed on 3133118	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability o	company here:	
Meaghan Aesthetic	S LLC	
The new name must be distinguishable and contain the words "Limited Liability Co		riation "L.L.C."
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 registered agent and/or the new registered office address here:	address on our records, enter the	- 101
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City 2	Zip Code
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 c

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			🗆 Change

		- (·		
		_	•	
		_	<u> </u>	<u> </u>
			· · · · · · · ·	
		<u>, , , , , , , , , , , , , , , , , , , </u>		
			-14	
				
			1.0	
If an effective date is list. Note: If the date ins	ther than the date of fili sted, the date must be specific a serted in this block does not e date on the Department of	and cannot be prior to date of filing timeet the applicable statutory	(optional) or more than 90 days after filing.) Pu filing requirements, this date wil	rsuant to 605.0207 I not be listed as
	es a delayed effective after the record is filed		ve time, at 12:01 a.m. on	the earlier of
Dated $8/2$	6/2019			
	Signature of	a member or authorized representa	ative of a member	
	\mathcal{M}_{A}	eachan Whi	te	

Page 3 of 3

Filing Fee: \$25.00