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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	СТ:	PRETTY SKI	N_ESTHETIC'S, red Liability Company	LLC (NAME CHANG
The end	closed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please i	return all correspo	ndence concerning this matter t	o the following:	
		Diam	Name of Person	<u> </u>
		PRETTY	SKIN ESTHETIC Firm/Company	· <u>S</u>
		4160 N	Canal St. #1	7137_
		Jachsonv	City/State and Zip Code	69
		E-mail address: (i	ITACKLIN Q AMC	ication)
For fur	ther information co	oncerning this matter, please ca	И:	
	A CHUA Name o	1. DICLM COD	at (AC) Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		,
□ \$2 <i>:</i>	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OPTMUM BALL (Name of the Limited Liability Comp (A Florida Limited	BONDS LLC any as it now appears on our reco	ords.
The Articles of Organization for this Limited Liability Company Florida document number	v were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial PRETTY SKIN ESTHET The new name must be distinguishable and contain the words "Limited Liab	ric's LLC	L(" or the abbreviation "LLC"
	unity Company, the designation 1.	T.C. of the appreviation E.E.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		AS
		AH 23 23
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered or registered of the registered of		rds, enter the name of the ne
registered agent and/or the new registered orner address ne	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	have
		Florida

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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
			Remove
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document's effecti	ve date on the Department of	State's records.			
	ies a delayed effective		effective time, at	12:01 a.m. on th	ne earlie
	after the record is filed				
Dated <u>08/1</u>	5/2018 VGUST 15 Signature of a	·			
A.	UGUST 15, C	12018	`		
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Filing Fee: \$25.00