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(Re	equestor's Name)	
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COVER LETTER

	Registration Sec Division of Corp						
SUBJEC		hetics and Lash Co LLC					
SUBJEC	1:	Name of Limi	ited Liability Company				
		amendment and fee(s) are subsidence concerning this matter					
		Macaelah Boucher					
			Name of Person				
		Element Aethetics					
			Firm/Company				
		723 7th Ave N					
			Address				
		St Petersburg, FL 33701					
			City/State and Zip Code				
		macaelah@gmail.com		-			
			to be used for future annual report notif	ication)			
For furthe	er information co	ncerning this matter, please ca	all:				
Macaelal	h Boucher		727 742-3119		*3 -	• `	
	Name of	Person		: Telephone Number			
Enclosed	is a check for th	e following amount:			-1 : 1		
\$25.0	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 enclo	7	特の技術	

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 OF

Element Aethetics and Lash Co LLC		
(Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on our records.) itted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/01/2018	and assigned
Florida document number 1.18000184027		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Element Esthetics LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
		,
B. If amending the registered agent and/or registered	ed office address on our records, <u>c</u>	nter the name of the new
registered agent and/or the new registered office address	s here:	
		1-1
Name of New Registered Agent:	<u> </u>	
Name Designated Office Address		
New Registered Office Address:	Enter Florida street address	5 5
	. Florid	か きょうしゅう ロー・ Company ロー・ Company ロー・
	City	Zip Code 5

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
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
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			Change
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date is listed, the date inserted	e date must be s in this block d	pecific and can loes not meet	the applicat	date of filing or ble statutory fil	more than 90 day	ys after filing.) Pi	irsuant to 605.0207 If not be listed as
day after	the record	is filed.				:01 a.m. on	the earlier of
gust	10th 2	018: _	2018) _ ·			
W	1/a Cae	ature of a mem	Du (ized representati	ve of a member	<u></u>	
	date is listed, the date inserted effective date specifies a high day after	date is listed, the date must be so date inserted in this block deffective date on the Depart specifies a delayed efford day after the record	date inserted in this block does not meet effective date on the Department of State specifies a delayed effective date in day after the record is filed. AUST 10th 2018. Signature of a men	date is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable effective date on the Department of State's records. Specifies a delayed effective date, but not a day after the record is filed. AUST 10th 2018 Signature of a member or author	date is listed, the date must be specific and cannot be prior to date of filing or date inserted in this block does not meet the applicable statutory fil effective date on the Department of State's records. Specifies a delayed effective date, but not an effective day after the record is filed.	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day date inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12 in day after the record is filed. AUST 10th 2018. 2018. Signature of a member or authorized representative of a member	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pudate inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a day after the record is filed. A Call Barbara Barbara Signature of a member or authorized representative of a member

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Filing Fee: \$25.00