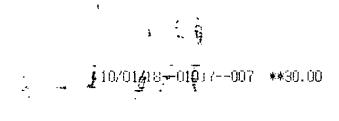
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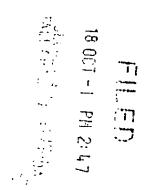
(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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Certified Copies	Certificates of	Status
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COVER LETTER

Enamora	Aesthetics, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Lizaida Enamorado		
		Name of Person	<u> </u>
	Enamora Aesthetics, LLC		
		Firm/Company	
	8370 W Flagler St #234		
		Address	
	Miami, FL 33144		
	enamora.aesthetics@gmail.		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Lizaida Enamorado		305 340-9767	
Name of Person		Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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)

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

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name of the

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>	<u>Address</u>	Type of Action
MGR	Lizaida Enamorado	2015 SW 23 AVE MIAMI, FL 33145	⊟ Add
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			CD Remove
			Change
			Remove
		 	□ Change
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			□ Remove
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etfec	e date, if other the tive date is listed, the	h an the date of f date must be specifi	filing: ic and cannot be prior	to date of filing or more	 (opti than 90 days afte	onal) r filing.) Purs	uant to 605.
			not meet the applica of State's records.	able statutory filing r	equirements, thi	s date will r	iot he liste
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				t an effective tim	ne, at 12:01	a.m. on tl	ne earlie
	Oth day after t						
ed	Septent	ser 36	W13.				
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	XX						
		Signature	of a member or autho	rized representative of	a member		

Page 3 of 3

Filing Fee: \$25.00