118000264390

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(Address)
(Address)
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(Decument Number)
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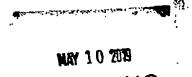
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S. YOUNG



March 15, 2019

CHERYL DOUZART
AESTHETICS STAGING AND REDESIGN
12263 DEERSONG DRIVE
JACKSONVILLE, FL 32218

SUBJECT: AESTHETICS STAGING AND REDESIGN L.L.C.

Ref. Number: L18000264390

We have received your document for AESTHETICS STAGING AND REDESIGN L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00005245

Shelia H Young Regulatory Specialist II

COVER LETTER

TO:	Registration Se Division of Cor			
		ics Staging and Redes	sign, LLC	
SUBJI	ECT:			
		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Cheryl Douzart		
			Name of Person	
		Aesthetics Staging	g and Redesign, LLC	
Firm/Company				
		731 Duval Station	Rd. Suite 107-39	
			Address	
		Jacksonville, FL 3	32218	
		aestheticsstaginga	City/State and Zip Code ndredesign.com	
		E-mail address. (to be used for future annual report notif	ication)
For fur	ther information o	oncerning this matter, please c	all:	
Cher	yl Douzart		904 7813427	
	Name o	l'Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne 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 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
2661 Executive Center Circle
Tallahassee, FL 32301

DocuSign Envelope ID. 33A54CD8-A043-44B1-885F-3C5242FB467F ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aesthetics Staging and Redesign, LL	_C	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan L18000264390 Elorida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		9
		<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 registered agent and/or the new registered office address he		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
men megiatered office mudicas.	Enter Florida street address	
	. Flor	ida
	Cuy	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 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.

DocuSign Envelope ID: 33A54CD8-A043-44B1-885F-3C5242FB467F
TI amending Authorized rerson(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
MGR	Alicia Marie Douzart	12263 Deersong Dr Jacksonville, FL 32218	⊠ Add
			☐ Remove
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Han ef Note:	tive date, if other than the date of filing: Tective date is fisted, the date must be specific and cannot be If the date inserted in this block does not meet the a ment's effective date on the Department of State's rec	prior to date of filing or more than 90 days after to pplicable statutory filing requirements, this	rling) Pursuant to 605 0207
	cord specifies a delayed effective date, bue 90th day after the record is filed.	t not an effective time, at 12:01 a	.m. on the earlier o
Dated	May 9, 20 Docusiphed by Energy Douzart Church Danyart	<u> </u>	
	Docusinked by Douzant		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00