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## **COVER LETTER**

	on Section f Corporations		·
OLIS'	TIC AESTHETICS, LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are s	ubmitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
	MARIA RODRIGUEZ		
		Name of Person	
	OLISTIC AESTHETIC	S, LLC	
		Firm/Company	
	2125 BISCAYNE BLV	D #354	
		Address	<del></del>
	MIAMI, FL 33137		
	· <del></del>	City/State and Zip Code	
	olisticaesthetics@gmail.c	com s: (to be used for future annual report no	-05
			tineation)
For further informat	tion concerning this matter, please	e call:	
		at ()	me Telephone Number
N	ame of Person	Area Code Daytii	me Telephone Number
			\ <sub>0</sub> ;
Enclosed is a check	for the following amount:		
S25.00 Filing F	ee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.— Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, F	ection orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLISTIC AESTHETICS			
(Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	<u>ur records.</u> )		
The Articles of Organization for this Limited Liability Company were filed on	/07/2019	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designat	ion "LLC" or the abb	reviation "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<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 office address on our record agent and/or the new registered office address here:	s, <u>enter the name</u>	of the new	registere (;)
Name of New Registered Agent:			· .
New Registered Office Address:		LU	
Enter Florida stre	eet address	$\Rightarrow$	• •
	, Florida	1.	
City	•	ZipsCode □	

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 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
CEO	Maria Rodriguez	64 E 16th Street	□Add
		Hialeah, Fl 33010	≣Remove
			☐ Change
			DAdd
	α		□Remove
			□ Change
			□Add
			Remove
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ated August 2nd 2021		i.m. on the earlier of: (b) The 90th day after	r the
	August 2nd 2021		
Signature of a member of authorized representative of a member			

Filing Fee: \$25.00