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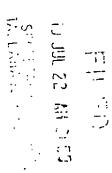
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COVER LETTER

Div	on of Corporations	
SUBJECT:	INIQUE AESTHETIC CENTER LIMITED LIABILITY COMPANY	
	Name of Limited Liability Company	-
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	Il correspondence concerning this matter to the following:	
	Name of Person	<u> </u>
	UNIQUE AESTHETIC CENTER LIMITED LIABILITY COM	PANY
		<u>-</u>
	Firm/Company	
	815 NW 57 AVE SUITE 302	
	Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33126	
	(Control - 12' ())	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notificat	lon)
For further in	ormation concerning this matter, please call:	
	\otimes \wedge	
I.AURA AR	NCIBIA (1088 461 1088	
	Name of Person Area Code Daytime Fe	lephone Number
	·	
Enclosed is a	heek for the following amount:	
■ \$25.00 F	ng Fee S \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Statos & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

UNIQUE AESTHÉTIC CENTER JUMITED LIABILITY COMPANY (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/25/2019 and assigned Florida document number 1,19000054888 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name registered agent and/or the new registered office address here: LAURA ARENCIBIA Name of New Registered Agent: 815 NW 57 AVE SUITE 302 New Registered Office Address: Enter Florida street address MIAMI

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>	Name	Address	Type of Action
MGR	DIANA SANTACRUZ	815 NW 57 AVE SUITE 302	
		MIAMI FLORIDA 33126	D Add
			■ Remove
			□ Change
MGR	LAURA ARENCIBIA	815 NW 57 AVE SUITE 302	
		MIAMI FLORIDA 33126	
			□ Remove
			Change
			Add
			Remove
			Change
			C Remove
			Change
			O Add
			☐ Remove
			□ Change

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		07/15/2019			
Effective date, if other than the				(optional)	
If an effective date is fisted, the date mi Note: If the date inserted in this bid document's effective date on the I	itoek does not inc	cune appueable	Statutory liting rec	un 90 days after filing.) P uirements, this date wi	ursuant to 605,0207 (Il not be listed as t
ne record specifies a delaye The 90th day after the re-	d effective da cord is filed.	te, but not ar	n effective time	, at 12:01 a.m. or	i the earlier of
Dated		2019			
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	1	(Oeil)			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00