

L19 0000 54888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

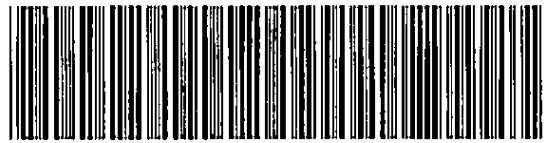
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21 MAY -3 AM 9:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE AESTHETIC CENTER, LIMITED LIABILITY COMPANY

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Puentes

Name of Person

UNIQUE AESTHETIC CENTER, LIMITED LIABILITY COMPANY

Firm/Company

8301 nw 12 st

Address

doral florida 33126

City/State and Zip Code

cpuentes2011@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Puentes

at (305) 800-2525

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)

Florida DEPARTMENT STATE

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STATE OF FLORIDA
COUNTY OF DALLAS
21 MAY -3 AM 9:41

Unique Aestheti Center Limited 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 L19000054888.

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:

8301 nw 12 st

(Principal office address MUST BE A STREET ADDRESS)

Doral florida 33126

Enter new mailing address, if applicable:

8301 Nw 12 St

(Mailing address MAY BE A POST OFFICE BOX)

Doral Florida 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Claudia Puentes

New Registered Office Address:

8301 Nw 12 St

Enter Florida street address

Doral


Florida 33126

City

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.


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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Laura Arencibia	815 NW 57th Ave Suite 302, Miami, FL 33126	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Claudia Puentes	8301 Nw 12 St	<input checked="" type="checkbox"/> Add
		Doral Florida 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).

21 MAY -3 PM 9:41

E. Effective date, if other than the date of filing: 04/27/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 27

2021

Signature of a member or authorized representative of a member

Claudia Puentes

Typed or printed name of signee

Filing Fee: \$25.00