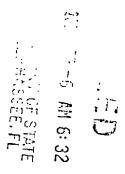
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COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: INFI | UITY SKIN N | JEDSPA, LLC | | | | |
|--|--|---|--|--|--|--|
| SUBJECT | Name of Lim | ited Liability Company | | | | |
| | | | | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspon | dence concerning this matter | to the following: | | | | |
| | CARMEN | Rosa Bonilla Name of Person | | | | |
| | | Name of Person | | | | |
| | SQT AES | Thetics Firm/Company | | | | |
| | | Firm/Company | | | | |
| | 714 N. C | nippewa Circle | | | | |
| | | Address | | | | |
| | Boynton B | each, FL 3343 City/State and Zip Code | 3 <u>6</u> | | | |
| | | Sqt beauty USA to be used for future annual report no | | | | |
| | E-mail address: (| to be used for future annual report no | tification) | | | |
| For further information co | ncerning this matter, please ca | all: | | | | |
| CARMEN | Bonilla | at (<u>561)</u> <u>260</u> Area Code Daytin | - 0335 | | | |
| Name of | rerson | Afea Code Dayiii | ne Tetephone 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 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | | | |
| Tallahassee, F | | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INFINITY SKIN MEDSPA. | <u>LLC</u> | | | | | |
|---|--|--|--|--|--|--|
| (A Florida Limited L | ny as it now appears on our records.) nability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000059130</u> . This amendment is submitted to amend the following: | were filed on $02/28/2019$ and assigned | | | | | |
| | | | | | | |
| A. If amending name, enter the new name of the limited liabi SQT AETHETICS, LLC | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: | 714 N. Chippewa Circle Boynton Beach, FL 33436 | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Boynton Beach, FL 33436 | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 714 N. Chippewa Circle Boynton Beach, FL 33436 | | | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registere</u> | | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | Enter Florida street address | | | | | |
| | City Sip Code | | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | الا | | | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | | | | | |

Page 2 of 3

| Change | of | Company | Name | and | Princip | ple A | oldre |
|---|------------------------------|--|--------------------------------------|-----------------------|----------------------------|-----------------------------------|--------------|
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| ive date, if oth fective date is liste | er than th d, the date mi | e date of filing: <u>(</u> ust be specific and canr | 08 29 20 not be prior to date | 24 of filing or mo | (op re than 90 days aff | tional) ter filing.) Pu | rsuant to 60 |
| If the date inser | ted in this b | plock does not meet Department of State | the applicable st | atutory filing | requirements, t | his date wil | l not be lis |
| | | | | | | | |
| cord specifies | a delaye | ed effective date | , but not an | effective ti | me, at 12:01 | a.m. on | the earli |
| 90th day aft | | | | | | | |
| clag | 124 | Signature of a memb | | | | | |
| 8/2/ | 101 | 91 | <u> </u> | | | | |
| | Brul | 'lle | | | | | |
| C | | Signature of a member of R. Bowl | | | | | |

Page 3 of 3

Filing Fee: \$25.00 CL # 103.4.