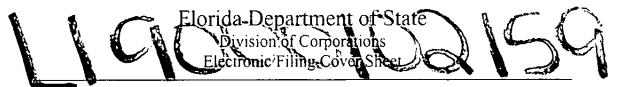
1/24/25, 6:13 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SKINSPIRATION SKIN AND AESTHETICS PLLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Malika Lacy

COVER LETTER

	gistration Sec rision of Corp			
CUBICA.		TION SKIN AND AESTHET	TICS PLLC	
SUBJECT:	SKINSPIRATION SKIN AND AESTHETICS PLLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Erik Treutlein Name of Person Legalzoom.com. Inc. Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: uttlein Name of Person Lis a check for the following amount:			
The enclosed	Sed Articles of Amendment and fee(s) are submitted for filing. sed Articles of Amendment and fee(s) are submitted for filing. Erik Treutlein Name of Person Legalzoom.com. Inc. Firm/Company 9900 Spectrum Dr Address Austin. TX 78717 City/State and Zip Code E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: ttein Name of Person Area Code Daytime Telephone Number is a check for the following amount: Difiling Fee Certificate of Status Certificate Copy Certificate of Status			
Please return	all correspon	dence concerning this matter	to the following:	
		Erik Treutlein		
		-	Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report i	notification)
For further is	nformation co	ncerning this matter, please ca	all;	
Erik Treutle	ein			3
	Name of	Person		time Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	Filing Fee			

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

From: Malika Lacy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization	for this Limited Liability Company were fi	led on04/12/2019	and assigned
Florida document number <u>l</u>	19000102159		
This amendment is submitte	d to amend the following:		
A. If amending name, ent	r the new name of the limited liability co	mpany here:	
Skinspo Skin and Aesthetics I	LLC		
The new name must be distinguis	able and contain the words "Limited Liability Comp	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal office	address, if applicable:		
Principal office address M	UST BE A STREET ADDRESS)		202
			5 20 20 20 20 20 20 20 20 20 20 20 20 20
			意式 差 カ
C	:Familiankle.		朝間 27 日
Enter new mailing address	• •		
Mailing address MAY BE	A POST OFFICE BOX)		52 8
	stered agent and/or registered office ac new registered office address here:	ldress on our records, <u>e</u>	nter the name of th
Name of New Reg	stered Agent:		
New Registered O	Tice Address:		
		Enter Florida street address	
	_	, Florid	la
	Cir		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.

ISI	
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>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			_ □ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			∩ Add
			□ Remove
			□ Change

D. If amer	nding any other inform	ation, enter change(s) here: (Attach	additional sheets, if necessary.)	
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E. Effectiv	e date, if other than th	e date of filing:	(optional)	
(it an effec	clive date is listed, the date mi	ust be specific and cannot be prior to date of fil	ing or more than 90 days after filing.) Pursuant t	
		plock does not meet the applicable statuto Department of State's records.	ory filing requirements, this date will not be	e listed as the
	ord specifies a delaye 90th day after the re		ctive time, at 12:01 a.m. on the e	arlier of:
	anuary 24	2025		
Dated _		. 2025		
	/S/ Elizabeth Si	imon		
		Signature of a member or authorized repres		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00