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PICK-UP WAIT MAIL	
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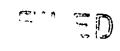
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COVER LETTER

TO:

TO:	Registration Division of C			
(:1:D 11	7.77	ESTRELLA SKIN CENT	TER LLC	
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	elosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		ESTRE	LLA BOWEN-GAMEZ	
			Name of Person	
			Firm/Company	
		4949 MARBI	RISA DRIVE, APT 105	
		TAMPA, FL	Address	
			City/State and Zip Code	
		ESTBOWENG E-mail address:	PGMAIL.COM (to be used for future annual repo	rt notification)
For fur	ther information	t concerning this matter, please c		
	ESTRELLA B	OWEN	813 at ()	409-9185
	Name	e of Person	Area Code D	aytime Telephone Number
Enclos	ed is a check for	the following amount:		
□ \$2.	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	Registration S Division of C Clifton Build	orporations ing ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEP 11 AM 8: 43

ESTRELLA SKIN CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/03/2019 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __1.19000173491 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLt," or the abbreviation "LLL,"." 11030 4th St North Enter new principal offices address, if applicable: Saint Petersburg, FL 33716 (Principal office address MUST BE A STREET ADDRESS) N/A 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 of the new registered agent and/or the new registered office address here: N/AName of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
MGR	ESTRELLA BOWEN-GAMEZ	4949 MARBRISA DRIVE, APT 105. TAMPA FL 33624	■ Add
			Remove
			Change
			Remove
			□ Change
			□ Add
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
		- <u></u>	
			Remove
			☐ Change

(If an et Note:	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	letet Barrer 6.
	Signature of a member of authorized representative of a member
	ESTRELLA BOWEN- GAMEZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00