119000199652

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |



600351202316

09/02/29 0:007 029 ++25:00

1-11_[_] 1028 SEP -2 PM 2: 06 SECRETIVAN OF STATE

Office Use Only

US 10/m/20

COVER LETTER

| orations | | |
|--|--|---|
| Esty, LLC | | |
| Name of Lim | ited Liability Company | |
| Amendment and fee(s) are sub | emitted for filing. | |
| idence concerning this matter | to the following: | |
| Heather I. Wright | | |
| | Name of Person | |
| | Firm/Company | 2820 |
| 600 Grand Panama Blvd., | Suite 101B | 2020 SEP SEBRETARY |
| | Address | SSE 2 |
| Panama City Beach, FL 3: | 2407 | ing P |
| wright.heather01@gmail.co | City/State and Zip Code | 1 2: 06 FLORIDA |
| | • | ication) |
| • | 850 276-1705 | |
| Person | | e Telephone Number |
| e following amount: | | |
| ☐ \$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) |
| <u>:</u> ection | Street Address: Registration Sec | etion |
| orporations | Division of Con | porations |
| 7 | The Centre of T | |
| | Esty, LLC Name of Lim Amendment and fee(s) are sub- indence concerning this matter Heather I. Wright 600 Grand Panama Blvd., Panama City Beach, FL 3 wright.heather01@gmail.co E-mail address: (oncerning this matter, please concerning this matter, please concerning this matter, please concerning this matter of Status Ection orporations | Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Heather I. Wright Name of Person Firm/Company 600 Grand Panama Blvd., Suite 101B Address Panama City Beach, FL 32407 City/State and Zip Code wright.heather01@gmail.com E-mail address: (to be used for future annual report notification for the state of Status and Code |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Florida Esty, LLC | |
|---|---|
| (<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp | ppears on our records.) eany) |
| The Articles of Organization for this Limited Liability Company were filed o | on 08/06/2019 and assigned |
| Florida document number L19000199652 | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compa | ny here: |
| Emerald Coast Aesthetics, LLC | |
| 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: | 77.5 |
| Principal office address MUST BE A STREET ADDRESS) | S S |
| | |
| | SER TO I |
| Enter new mailing address, if applicable: | 1 1 |
| Mailing address MAY BE A POST OFFICE BOX) | FLORIDI |
| | 10年 6 |
| | |
| 3. If amending the registered agent and/or registered office address on o | our records, enter the name of the new regi |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Ente | er Florida street address |
| | , Florida |
| 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 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> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|------------------|----------------|
| | | | □Add |
| | | | |
| | | | |
| | | | □Add |
| | | | □ Remove |
| | | | 2020 SEP |
| | | | SE UDA¢ď |
| | | Remove Of Change | |
| | · · · · · · · · · · · · · · · · · · · | | □ Add |
| | | | ПRетюve |
| | | | □Change |
| | : | | DAdd |
| | | | |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

| | · | | |
|--|---|---|-------------------|
| | | · | |
| | | | |
| | | | |
| | | | |
| | | · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 20 |
| | | HAS | <u> </u> |
| | | いた (で) | - 1 F |
| | | الله الله الله الله الله الله الله الله | |
| | | က်း (၁) (၁) | |
| | | Di A | |
| | ···· | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| fective date, if other than the da | te of filing: October 1, 2020 | (optional) | |
| | e specific and cannot be prior to date of files to does not meet the applicable statute | ing or more than 90 days after filing.) | |
| cument's effective date on the Depa | | , | |
| | | | |
| ecord specifies a delayed effective d is filed. | ate, but not an effective time, at 12:0 | 11 a.m. on the earlier of: (b) The | 90th day after th |
| is med. | | | |
| August 31 | 2020 | | |
| | | | |
| <u></u> | | | |
| Heather Is | gnature of a gember or authorized repres | | |