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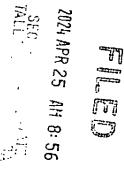
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Cor					
SUBJEC	~.	ALUD MED SPA LLC				
SUBJEC	Name of Limited Liability Company					
The encio	osed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please ret	um all correspo	ondence concerning this matter to	o the following:			
		UZCATEGUI, OLIANETH	I			
			Name of Person	<del></del>		
			Firm/Company			
		3503 MAPLE RIDGE LOC	P			
			Address			
		KISSIMMEE, FL 34741				
			City/State and Zip Code			
		E-mail address: (to	be used for future annual report noti	fication)		
For furthe	er information c	concerning this matter, please cal	II:			
UZCATI	EGUI, OLIANE	етн				
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	he following amount:				
□ \$25.0	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 Addres		Street Address:	t.		
	Registration ! Division of C		Registration Sec Division of Cor			
	P.O. Box 632	-	The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SISMAC PRECISION LLC		
(Name of the Limited Liab (A Flori	ollity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L19000199870</u>	Company were filed on <u>04/08/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
LIENSO SALUD MED SPA, LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •	DALECC	
Principal office address MUST BE A STREET ADI	<u></u>	
	-	
		R 7
Inter new mailing address, if applicable:		>0 E
Mailing address MAY BE A POST OFFICE BOX)		\(\sigma\)
		co 🔾
3. If amending the registered agent and/or register gent and/or the new <u>registe</u> red office address here	•	name of the new register
gent and/or the new registered office address here	;•	
Name of New Registered Agent:		<u></u> _
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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>	Address	Type of Action
			□Add
			□ Remove
		<del></del>	□Change
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ffective date, if other th:	an the date of f	04/08/2	024		(optional)	
ffective date, if other the an effective date is fisted, the dote: If the date inserted in ocument's effective date or	this block does r	not meet the ap	plicable statutor	ng or more than 90 y filing requirem	days after filing.) Pu ents, this date will	rsuant to 605.0207 ( not be listed as t
record specifies a delayed of is filed.	effective date, but	t not an effectiv	ve time, at 12:01	a.m. on the earl	ier of: (b) The 90	Ith day after the
ated APRIL 8		2024				
. 41		·	· ·			
- P / D 1						

Typed or printed name of signee