4/5/22, 7:11 PM

Division of Corporations

epartment of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000124590 3)))



H220001245903ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)359-3700

Fax Number : (786)217-1243

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

Email	Address:			

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE LASER ESTHETICS LLC

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APR - 8 2022 T. LEMIEUX

COVER LETTER

TO:	Registration Sec Division of Corp			(HZ20001Z4590 3)
	·	ELITE LAS	ER ESTHETICS LLC	
SUBJ	IECT:	Name of Limit	ed Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	e return all correspor	ndence concerning this matter t	o the following:	
			SONIA BOTERO	
		1, 1	Name of Person	
		JP GLOBAL	BUSINESS SOLUTIONS IN	C
			Firm/Company	
		1395 BR	RICKELL AVE SUITE 800	
			Address	
			MIAMI, FL 33131	
			City/State and Zip Code	
			R@JPGBUSINESS.COM	at notification)
				it admicanos)
For fi		oncerning this matter, please ca		
_		BOTERO	at ()	
	Nume of	f Person	Area Code D	Daytime Telephone Number
Enclo	osed is a check for th	e following amount:		
≣ 5	325.00 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 Registration S		<u>Street Addr</u> Registratio	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Page: 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE LASER ESTHETICS	LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	m appears on our records.)	
The Articles of Organization for this Limited Liability Company were file	d on08/26/2019	and assigned
Florida document number L19000216994		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		هند .
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the	e name of the never gistered
agent and/or the new registered office address nere.		HAR LAND
at the state of the state of		R-FI
Name of New Registered Agent:		Sir or fin
New Registered Office Address:		<u> </u>
	Enter Florida street address	S FAI S FAI da
	, Flori	
City		Zip Gode

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: (H22000124590 3)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CAMPOS, ALFREDO	7100 West 20 Ave Unit 516	□Add
		Hialeah, FL 33016	□Remove
			€ Change
			□Add
			□Remove
			Change
			□Add
			☐Remove
			☐ Change
			□Add
			[] Remove
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
f the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated_	APRIL 5TH 2022
Dated _	Athedo Campos.
	Signature of a member or authorized representative of a member
	ALFREDO CAMPOS

Filing Fee: \$25.00

Typed or printed name of signee