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TO:

Tallahassee, FL 32314

CUBIFC		Surgical Aesthetics		
SUBJEC	.1:	Name of Lim	ited Liability Company	
Aveilanet Surgical Aesthetics SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Yaniris R. Aveilanet Name of Person Aveilanet Surgical Aesthetics Firm/Company 8374 Market Street , Apt 209 Address Lakewood Ranch, FL 34202 City/State and Zip Code aveilanet.surgical.aesthetics@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edgardo J Aponte 941 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \text{Certificate of Status} \text{Certificate of Status} \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy Certified Copy Certified Copy (additional copy is enclosed)}				
Please re	turn all correspo	ndence concerning this matter	to the following:	
	Division of Corporations Avellanet Surgical Aesthetics Name of Limited Liability Company cerclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Yaniris R. Avellanet Name of Person Avellanet Surgical Aesthetics Firm/Company 8374 Market Street , Apt 209 Address Lakewood Ranch, FL 34202 City/State and Zip Code avellanet.surgical.aesthetics@mail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: sardo J Aponte Name of Person Area Code Daytime Telephone Number Mailing Address: Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tailahassee			
			Name of Person	
		Avellanet Surgical Aesth	etics	
Firm/Company				
		8374 Market Street , Apt	1 209	
			Address	
	Division of Corporations Avellanet Surgical Aesthetics Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Yaniris R. Avellanet Name of Person Avellanet Surgical Aesthetics Firm/Company 8374 Market Street , Apt 209 Address Lakewood Ranch, FL 34202 City/State and Zip Code avellanet.surgical.aesthetics@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: pardo J Aponte Name of Person Area Code Polytime Telephone Number losed is a check for the following amount: \$255.00 Filling Fee Certificate of Status Certificat Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations			
			City/State and Zip Code	<u></u>
		avellanet.surgical.aesthe	Name of Limited Liability Company See(s) are submitted for filing. g this matter to the following: rellanet Name of Person rgical Aesthetics Firm/Company Street , Apt 209 Address anch, FL 34202 City/State and Zip Code gical.aesthetics@gmail.com mail address: (to be used for future annual report notification) tter, please call: at (
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	all:	
Edgardo	J Aponte			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.	00 Filing Fec		Certified Copy	Certificate of Status & Certified Copy
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avellanet Surgical Aesthetics LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 10, 2019 Florida document number L19000254945 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: 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.

City

, Florida

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	Yaniris R Avellanet	8374 Market Street, Apt 209	
		Lakewood Ranch, FL 34202	
			■Change
MGR	Edgardo J Aponte	8374 Market Street, Apt 209	
		Lakewood Ranch, FL 34202	□ Remove
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n effective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Excord 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 is filed.	_	
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Filing Fee: \$25.00