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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: AFFluence Aesthetics LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Panina Aviles Name of Person	1 A04 TZ502
Affluence Apsthetics, LCC Firm/Company	7 NO 24
13:370 SW 131st Street, #113	21
Miami, FL 33186 City/State and Zip Code	
affluence als thetics a mail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Panina Aviles at (407) 431-6396 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Adability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1900274841. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company Com	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 13370 SW 131 ST ST CET = Suite #113 Miami, FL 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13370 SW 131st Stroit Suite #113 Milum., FL 33186
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	C. 12:5t Sla at #113
New Registered Office Address: 13370 C	SW 315+ Street, #13 Enter Florida street address Florida 33/86 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 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
AMBR	Russell Adkins	13370 SW 131st Street	□Add
		#113	Remove
		Miami, FL 33186	□Change
			□Add
			□Remove
			□Change
			□Add
		1.00 2.00 - 10 - 10	Remove
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Effective date, if other the if an effective date is listed, the Note: If the date inserted in document's effective date of	n this block does no	ot meet the applica	o date of filing or more ble statutory filing re	(option than 90 days after fr equirements, this	nal) ling.) Pursuant to 60 date will not be lis	05.0207 sted as (
ne record specifies a d The 90th day after tl			an effective tim	e, at 12:01 a.	m. on the ear	lier of
		2022				
Dated						
Dated - -			ized representative of a			