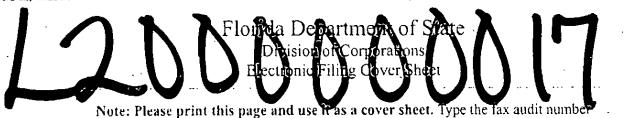
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Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AB SKINCARE & WAX STUDIOS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AB SKINCARE & WAX STUDIOS, LLC	·	
(<u>Name of the Limited Liability</u> (A Florida l	(Company as it now appears on our records.) Limited Liability Company)	-
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/30/2019	and assigned
Florida document number L20000000171		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
SOLUTION MEDICAL SPA, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	202
		E
		₹ ₩ ₹
Enter new mailing address, if applicable:		
•		
(Mailing address MAY BE A POST OFFICE BOX)		्रेड १ ३ २८ २
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the i	name of the new registered
Name of New Registered Agent:	Company of the Compan	.,,
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Ciŋ·	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co		

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

Page: 4 of 5

_ 🗆 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				
Title	Name	Address	Type of Action	
			□Add	
			□Remove	
			□Change	
			🗀 Add	
			Remove	
			OChange	
			DAGE	
			□Remove	
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	And the second s		DAdd	
		<u> </u>	□Remove "	
			Change	
			🗆 Add	
			□Remove	
			[] Change	
			DAdd	
			□Remove	

From: Yanet Avila

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		2022 HAY
		- 2
-		
(If an effective date is listed, the date	he date of filing: (optional must be specific and cannot be prior to dute of filing or more than 90 days after filing block does not meet the applicable statutory filing requirements, this date Department of State's records.	g.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effer record is filed.	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2022	
	C(12425	
	Signature of a member or authorized representative of a member	
ADELAMARI BER		
	Typed or printed name of signee	

2022-05-02 16.07:37 GMT