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COVER LETTER

TO: Registration S Division of Co				
	U SKIN STUDIO LLC			
SUBJECT:	Name of Lin	nited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	LAURA M BELTRAN			
		Name of Person		
	LAUBEAU SKIN STUDI	IO LLC		
		Firm/Company		
	1470 NW 107TH AVE			
		Address	 _	
	SUITE I			
	<u> </u>	City/State and Zip Code		
	MIAMI, FL 33172			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	our ication)	
LAURA M BELTRAN		305 786-992-4		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 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		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 631 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 AUG -4 PM 3: 21

LAUBEAU SKIN STUDIO 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 Lia Florida document number 1.20000009746	ability Company	were filed on <u>04/29/2021</u>	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1470 NW 107TH AVE		
(Principal office address MUST BE A STREET ADDRESS)		SUITE I		
Enter new mailing address, if applicable:	, , , , , , , , , , , , , , , , , , , ,	MIAMI, FL 33172		
Enter new mailing address, if applicable:		1470 NW 107FH AVE		
(Mailing address MAY BE A POST OFFICE BOX)		SUTTE I		
		MIAMI, FL 33172		
B. If amending the registered agent and/or regarded agent and/or the new registered office address. Name of New Registered Agent:			the name of the new registered	
New Registered Office Address:	1470 NW 1071	H AVE SUITE 1		
Name of New Registered Agent: New Registered Office Address:		Enter Florida street addre.	2.2	
	MIAMI	, FI	orida 33172 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	I agent and agro or and complete stered agent as p egistered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	

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>	<u>Address</u>	Type of Action
MGR	EDMAR MAMAYA	3635 NE IST AVE	□Add
		905	■Remove
		MIAMI, , FL 33137	□Change
			□Add
			□Remove
			□Change
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(If an ef Note:	five date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date whent's effective date on the Department of State's records.	dursuant to ill not be	605.0207 (listed as t
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docun the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The filed.	90th day a	inter the
docun	Hil Y 13 2022 /	90th day a	nter the
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Filing Fee: \$25.00