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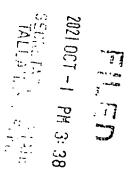
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

		ation Secti n of Corpo						
OUBLE	Be	auty Derm	Med Spa LLC					
SUBJEC	.l: <u></u>		Name of Limi	ted Liability Company				
			mendment and fee(s) are subi					
Please re	turn all	correspond	ence concerning this matter (to the following:				
			Jenny Countz					
Name of Person								
ZenBusiness Inc								
Firm/Company								
5511 Parkerest Dr., Suite 103								
Address								
			Austin, TX 78731					
			fulfillment@zenbusiness.co	City/State and Zip Code			20. 35. 7	
	E-mail address: (to be used for future annual report notification))	21 OC	- 0.9	
For furth	er infor	mation con	cerning this matter, please ca	all:		· •	2021 OCT -1	ڭ دە ھەدەر
Jenny C	ountz			844 493 at ()	1-62-19		PH	ii •———————————————————————————————————
		Name of F	erson	Area Code	Daytime Telepl	ione Number-	3: 38	<i>ئے</i> ۔
Enclosed	l is a ch	eck for the	following amount:					
\$25.	00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		Certified C	of Status &)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		and assigned			
	were filed on <u>01/08/2020</u>	and assigned			
Florida document number 1.20000014616					
This amendment is submitted to amend the following:					
The Articles of Organization for this Limited Liability Company were filed on 01/08/2020 and assigned Florida document number 1.20000014616 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 "LLC." 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 registered agent and/or the new registered office address here:					
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2333 Ponce De Leon Blvd				
(Principal office address MUST BE A STREET ADDRESS)	R210	20			
(Frincipal Office address Meet Da Meet Da Meet)	Coral gables, FL 33134	Z1 21			
Enter new mailing address, if applicable:		1 7			
(Mailing address MAY BE A POST OFFICE BOX)		110 y			
		·			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florid				
	City	Zip Code			

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
			
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