

L200000086210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

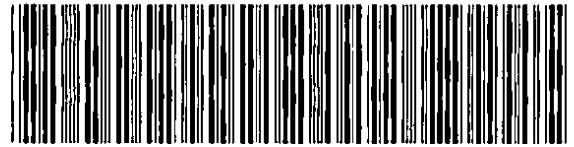
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/17/23--01016--005 \*\*30.00

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2023 AUG 17 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 1 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIBRA AESTHETICS AND WELLNESS  
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:

ALISA THOMAS  
Name of Person

LIBRA AESTHETICS AND WELLNESS  
Firm/Company

563 CROSS CREEK CIRCLE  
Address

SEBASTIAN FL 32958  
City/State and Zip Code

quams77@gmail.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ALISA THOMAS at ( 772 ) 430 4614  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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

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2023 AUG 17 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE  
20/2020 and assigned

**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**

[illegible]

[illegible]

(If an 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 605.0207 (3)(b)

If the record 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 record is filed.

08/12/23

Signature of a member or authorized representative

ANSIK THOMAS  
Typed or printed name of signee