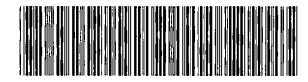
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT: LIBR		TES AND WE red Liability Company	FLLNESS
The enclosed Articles of Am Please return all corresponde		-	
	ATSTA	Name of Person	
	LIBRA AC	Firm/Company	WELLNESS
	563 CROS.	S CREEK CIRCL Address	<u>. (-</u>
		City/State and Zip Code	
_		be used formure annual report notifi	cation)
For further information conc	-		
MSVA 7 Name of Per	HONAS son	at (772) 480 Area Code Daytime	Y 6 1 V Telephone Number
Enclosed is a check for the fe	ollowing amount:		
□ \$25.00 Filing Fee (Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address:		Street Address:	

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

TO:

Registration Section Division of Corporations

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

OI		FILED
CBRA AESTHETICS (Name of the Limited Liability Compan (A Florida Limited L.)	Y TO WELLN'E as it now appears on our records ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L.20000862</u> 10	vere filed on <u>93/76</u>	LSO SEE WAShing
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		LL C Tor the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14499 US 56BASTIAN 3795	1 1 FL 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO: BOX 8 ROJELANI 	762 D POST OFFIC
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter (</u>	the name of the new registere
Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street address	
	Elo	utolo

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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		□Add	
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		□Change	
		□Add	
		□Remove	
			🗀 Add
			□Remove
			□Change

	
(If an effecti Note: If	date, if other than the date of filing:
f the record s ecord is filed	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
Dated	08112/23
	Signature of a member or authorized representative of a member
	MSHL TAMAS