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(Req	uestor's Name)	
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Aesthetics I	home Repais and Landscaping	LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Beatrice Colon				
		Name of Person			
	Aesthetics Home Repairs a	and Landscaping LLC			
	Firm/Company				
	1938 Teaberry CT				
	Address				
	Orlando, FL 32824				
		City/State and Zip Code			
aesthetics.orlando@gmail.com					
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Beatrice Colon		407 927-3305			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	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 Address		Street Address:			
Registration S		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aesthetics Home Repairs and Landscaping 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 Liability Company were filed on May 04, 2020 Florida document number _____L20000119836 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 "L.L.C." 1938 Teaberry CT Enter new principal offices address, if applicable: Orlando, FL 32824 (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ City

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.

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>	Name	Address	Type of Action
MGR Beatrice Colon	1938 Teaberry CT		
	Orlando, FL 32824	□Remove	
		□Remove	
			🗀 Change
	···	□Remove	
			Change
		□Remove	
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	•	□Remove	
			□Change

. It am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing: June 04, 2020 (optional) (flective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Date	May 04, 2020 Signature of a member or authorized representative of a member
	Beatrice Colon

Filing Fee: \$25.00