## 120000137960

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## **COVER LETTER**

	ETIÇA	LI.C		
C1:		Name of Lim	ited Liability Company	
losed Artic	des of A	Amendment and fee(s) are sub	mitted for filing.	
eturn all ec	irrespor	ndence concerning this matter	to the following:	
		JAVIER ROSSI		
			Name of Person	
			Firm/Company	
		175 SW 7 ST SUITE 2110		
			Address	
		MIAMI FLORIDA 33130		
		-		
her informa	ation co		-	
DO SCAT	TOLIN	I	305 629-8191	
:	Name of	Person	Area Code Daytime Telephone S	Number
d is a checl	k for the	e following amount:		
.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dittional copy is enclosed)
			Street Address: Registration Section	
Division	i of Co	orporations	Division of Corporations	
	Division of ESTICT:	Division of Corp  ESTETICA CT:  losed Articles of A cturn all correspon  Name of d is a check for the .00 Filing Fee  Mailing Address Registration S Division of Co P.O. Box 6322	Name of Lim  losed Articles of Amendment and fee(s) are substantial correspondence concerning this matter  JAVIER ROSSI   I75 SW 7 ST SUITE 2110  MIAMI FLORIDA 33130  LORELVY@477MANAGI  E-mail address: ( her information concerning this matter, please expected by the concerning of the please of the concerning of the please of the concerning of the conce	ESTETICA LLC  Take of Limited Liability Company  Losed Articles of Amendment and fee(s) are submitted for filing.  Enturn all correspondence concerning this matter to the following:  JAVIER ROSSI  Name of Person  Firm/Company  175 SW 7 ST SUITE 2110  Address  MIAMI FLORIDA 33130  City/State and Zip Code  LORELVY@477MANAGEMENT.COM  E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:  DO SCATTOLINI  Name of Person  At at (Area Code)  Daytime Telephone 3  d is a check for the following amount:  0.00 Filing Fee  S30.00 Filing Fee S55.00 Filing Fee & S6  Certificate of Status  Certified Copy Code  (additional copy is enclosed)  Canadillogaddress:  Registration Section  Division of Corporations  New Street Address:  Registration Section  Division of Corporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTETICA LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.20000137960}{1.0000137960}$ .	y were filed on <u>05/20/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2 PH .:1
(Mailing address MAY BE A POST OFFICE BOX)		6: 02
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F71 ! -	1
	, Floric	Zip Code

## 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 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>	Name	Address	Type of Action
MGR	MARIEL CASTELLANO	175 SW 7 ST SUITE 2110 MIAMI FL 33130	□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			⊡Remove
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		<del></del>	□Remove
			□Change

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lf an eft <u>Note:</u>	ive date, if other than the date of filing:  [ective 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 605 020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cent's effective date on the Department of State's records.
rd is fi	/ [
Dated	June 09 . 2020.
	Signature of a member or authorized representative of a member
	. Uwier KoSA

Filing Fee: \$25.00