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Certified Copies	_ Certificates of	of Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

	istration Sec ision of Corp			
CUDIFCT.	Jianna Agel	ess Face and Body LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter	•	
		Wansalio Alteus		
			Name of Person	
		Ja'Lis Esthetique		
			Firm/Company	785
		11819 Deer Path Way		PILED 2020 AUG 24 PM 2: 2 TALLINKS SEEF DAT
			Address	24
		Orlando Florida 32832		
		jalisesthetique@gmail.com	City/State and Zip Code	2: 21 2: 21 57ATE
		,	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Wansalio A	lteus		321 8889550 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 H	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)
	iling Address gistration S		Street Address: Registration Sec	etion
Division of Corporations		Division of Corp	porations	
). Box 632		The Centre of Ta	
I a:	llahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jianna Ageiess race and Body LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our reco</u> Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company florida document number L20000139047	were filed on May 21,2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
aLis Esthetique LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "Ll	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same	
Principal office address MUST BE A STREET ADDRESS)		202D
		, VO 1
nter new mailing address, if applicable:	same	
Mailing address MAY BE A POST OFFICE BOX)		
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	·	>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>ent</u> e	er the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	•	Clauida
	City, 1	Florida 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 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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			□Change
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fective date, if other than the date of filing:n effective date is listed, the date must be specific and cannot be	prior to date of filing	10)	otional)	\ Duecus	nt to 605 02
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Signature of a member or	authorized represent	ative of a member			