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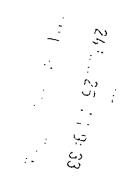
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE APR-6 2024





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## COVER LETTER

	istration Se isjon of Cor					
		Aesthetician Cristina Levon Ll	LC			
SUBJECT:		Name of Limi	ited Liability Company			
			. 16 69			
		Amendment and fec(s) are sub-	_			
Please return	all correspo	ndence concerning this matter	to the following:			
		Birgit Elfinger				
			Name of Person			
		Davis & Associates CPAs				
Firm/Company						
400 5th Ave S. Ste 301						
	Address					
		Naples, FL 34102				
			City/State and Zip Code			
		belfinger@johndaviscpa.com				
			to be used for future annual report notification)			
For further in	iformation c	oncerning this matter, please co	all:			
Birgit Elfing	er 		239 775-8588 at ()			
	Name o	f Person	Area Code Daytime Telephone Number			
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)			
	iling Addres		Street Address: Registration Section			
Registration Section Division of Corporations			Division of Corporations			
P.C	). Box 632	.7	The Centre of Tallahassee			
Tal	lahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. ....

The Naples Aesthetician Cristina Levon LLC	241 25 7.1 9: 33
(Name of the Limited Liability Compa (A Florida Limited I	24123 19:33  Inv as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000159406	were filed on $\frac{06/10/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Cristina Levon Aesthetics LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1250 Tamiami Trail N Ste 208
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34102
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

## 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorize \_\_\_'erson\_\_buthorized 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>	<u>Address</u>	Type of Action
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			Change
			🗀 Add
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record spe l is filed.	ecifies a delayed	effective date, b	ut not an effecti	ve time, at 12:01	a.m. on the earl	ier of: (b) The 9	0th day after the
ated <u>M</u> ar	rch 18		. 2024	1 / ( ) -			
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		Signatur	e of a member or	authorized represe	entative of a member	er	