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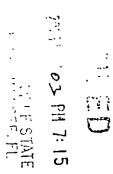
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

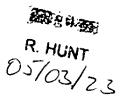
Office Use Only



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COVER LETTER

TO: Registration So Division of Con			
	by Sabrina LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Daniel Probst		
		Name of Person	
	Brookmeyer, Hochman, Pr	robst & Jonas P.A.	
		Firm/Company	
	800 Village Square Crossii	ng	
	<u></u>	Address	
	Palm Beach Gardens FL,	33410	
		City/State and Zip Code	
	dan@probstlaw.com		,
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	illication)
Sabrina Probst		561 596 4563	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63: Tallahassee,		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aesthetics by Sabrina LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 06/25/2020	and assigned
lorida document number L20000177958		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he Skin Edit LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS)		a
		·
	.1'7.	
nter new mailing address, if applicable:	8391 East Garden Oaks Circle 📉 🚍	7: 1
Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens, FL 33410	Q
. If amending the registered agent and/or registered office	address on our records, enter the nam	e of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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
			□Add
			□Remove
			□Change
			Change
			□ Add
			□Remove
			□ Change
			
			Remove
			□Add
			□Remove
			□ Change

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f an effe <u>Note:</u>	ve date, if other than the date of filing:
record d is file	I 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 ed.
	April 27th 2023
Dated [Surfact
Dated	Signature of a member or authorized representative of a member

561 596 4563

8391 East Garden Oaks Circle Palm Beach Gardens, FL 33410