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TO: Registration Section Division of Corporations	
SUBJECT: MONEYN !	Arsthetics
Name	of Limited Liability Company
	and an hardest of for filing
The enclosed Articles of Amendment and fee(s)	are submitted for thing.
Please return all correspondence concerning this	matter to the following:
Bruon	Name of Person
Mode	ern Alsthetics Firm/Company
2104 1	MUIDERN BIUD
Tallah	City/State and Zip Code
<u>SMart</u> E-mail a	ddress: (to be used for Juture annual report notification)
For further information concerning this matter, p	•
Brook Marin Name of Person	at (920) 295 - 4784 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution State of S	
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
DO D COOP	The Centre of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20007327</u> .13	y were filed on May 1515 3 200 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	317 N. Godsden st. unit? Tallahassee, £132301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2104 Mulberry BIVA Tayahasse, FP32303
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 register
Name of New Registered Agent: New Registered Office Address: 317 \[\]). Gadsden St. Unit 2 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 a 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>	<u>Name</u>	Address	Type of Action
			□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
just anong of address.	
New address! 317 N. gadsden st	
unit 2 Talianasse (Fl 32301	1
Will 2 100000 100 300 1	
	
	
	
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E. Effective date, if other than the date of filing:	ursuant to 605,020 Il not be listed a
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 record is filed.	90th day after the
Dated 10/9. 2020.	
Signature of a member or authorized representative of a member	
By OOK o Mov to Typed or printed name of signee	