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COVER LETTER

TO:		istration Sec ision of Corp				
CHD 107	CTT.	GUNN SKINSTITUTE MEDSPA LLC				
SUBJEC	 .		Name of Lim	nited Liability Company		
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn	all correspon	ndence concerning this matter	to the following:	LLC Tode Toda To	
			MELISSA BRITTON			
				Name of Person		
			BRITTON ACCOUNTING	G & CONSULTING LLC		
				Firm/Company		
			20107 SHADY HILL LN			
				Address		
			TAMPA FL 33647			
				City/State and Zip Code		
			MELISSA@BRITTONAC			
			E-mail address: ((to be used for future annual report notification)		
For furth	er in	formation co	oncerning this matter, please co	all:		
MELISS	SA B	RITTON		813 755-3075		
		Name of	Person			
Enclosed	l is a	check for th	e following amount:			
≅ \$ 25.	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of S (additional copy is enclosed) Certified Copy	Status &	
		ling Address		Street Address: Registration Section		
Registration Section Division of Corporations				Division of Corporations		
	P.O	. Box 6327	7	The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUNN SKINSTITUTE MEDSPA L	LC	2 5	20
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	Far-	NF 23
The Articles of Organization for this Limited Lin Florida document number L20000327692	ability Company were filed on 10/15/2020	and assign	ned?
This amendment is submitted to amend the follo	ewing:	.TORIO,	н IO: 30
A. If amending name, enter the new name of	the limited liability company here:	•	<u> </u>
THE SKINSTITUTE MED SPAILLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C	
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, <u>enter the nam</u> s <u>here</u> :	e of the new ro	gistered
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 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
			□Remove
			☐ Change
			DAdd
			□Remove
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	e Department of State's	records.			
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