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COVER LETTER

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TO: Registration S Division of Co			
SUBJECT: ADVANC	CED ESTHETICS SOLUTIONS	S. LLC.	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Anthony J. Comparetto, E	sq. Name of Person	
	Comparetto Law Firm		
		Firm/Company	
	P.O. Box 1298	Address	
	St. Petersburg, FL 33731	City/State and Zip Code	
For further information	ajc@comparettolawfirm.co E-mail address: t concerning this matter, please c	on to be used for future annual report notif	ication)
Anthony J. Comparetto Name	. Esq. of Person	at (727) 851-6625 Area Code Daytime	· Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclased)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED ESTHETICS SOLUTIONS, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/16/2021 and assigned Florida document number 1.21000081243 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C," or the abbreviation "L.I.C." Enter new principal offices address, if applicable: 2221 Town Center Drive (Principal office address MUST BE A STREET ADDRESS) Melbourne, Fl 32940 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 lpha comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familtar with and

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the 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>	Name	Address	Type of Action
		****	□Add
			□Remove
			□Change
			🗀 Add
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 2021 record is filed. Dated April 23 \supset a member or authorized representative of a member Anthony J. Comparetto, Esq Zuth Rep Typed or printed name of signee