

L21000115175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

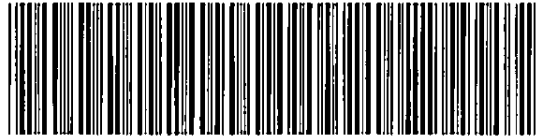
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED 2023 JUN 8 11:27 AM

2023 JUN 8 11:27

S. ROBERTS

JUN - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mara Aesthetic, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Normara Moton
Name of Person

Pretty Face Skin Bar, LLC
Firm/Company

1800 Atlantic Blvd. Suite 3
Address

Jacksonville FL 32207
City/State and Zip Code

minkbymara@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Normara Moton at (904) 252-9387
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pretty Face Skin Bar, 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 03/10/2021 and assigned Florida document number L21000115175

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mara Aesthetic, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

1800 Atlantic Blvd
Suite 3
Jacksonville, FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 Atlantic Blvd
Suite 3
Jacksonville, FL 32207

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:

Normara Moton

New Registered Office Address:

1800 Atlantic Blvd Suite 3

Enter Florida street address

Jacksonville

City

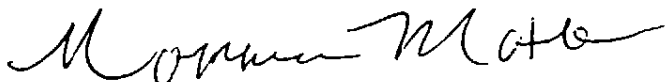
Florida

32207

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|-----------------------------|--|
| MGR | Normara moten | 1800 Atlantic Blvd suite 3 | <input type="checkbox"/> Add |
| | | Jacksonville FL 32207 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| President | Jai moten | 1800 Atlantic Blvd. suite 3 | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32207 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| VP | Jade moten | 1800 Atlantic Blvd. suite 3 | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32207 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| Chairman | Semaj Avery | 1800 Atlantic Blvd suite 3 | <input type="checkbox"/> Add |
| | | Jacksonville FL 32207 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated April 7th, 2023

Marianne Mathen

Normata Motion

Typed or printed name of signee