121000144083

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	⊋ #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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U8/16/21--U1U42--U16 *+55.UU

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Aesthetics By Galena, 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:
Galena Doal Name of Person
Firm/Company
13599 Alphe Ave
Seminole FL 337710 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 242-111 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{25.00}\$ Fitting Fee \$\sum_{30.00}\$ Eiting Fee & \$\sum_{255.00}\$ Filing Fee & \$\sum_{255.00}\$ Certificate of Status & \$\sum_{255.00}\$ Certificate of Status & \$\sum_{255.00}\$ Certificate of Status & \$\sum_{255.00}\$ 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

Aesthetics B	sy Galera, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100144083</u>	were filed on $329/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Glow St. Pete, LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	_13599 Alpine Ave _Seminole, FC 33776
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL 33776
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	Same - Galena Neal Same
New Registered Office Address:	Same Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Remove
			□Change

i effecti <u>te:</u> If t	date, if other than the date of filing: 9 1 200 (optional) ve 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 605.020' he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
cord s s filed.	pecifies 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	August 12. 2021. Signature of a member or authorized representative of a member
	Galena Med Typed or printed name of signee