(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

. TO:	Registration S Division of Co				
Suri	IECT:	Madzaesthetic	es, L.L.C.		
		Name of Lin	nited Liability Company	y	
The e	nclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Pleaso	e return all corresp	ondence concerning this matter	to the following:		
		Theodora h	farriette		
			Name of Person	1	
		Madzaestho	etics, L.L.C		
			Firm/Company		*****
		4853 NW 5	9th Court		
			Address		
		Coconut Cre	eek, FL 33073		
			City/State and Zip C	Code	
			te@yahoo.com to be used for future an		N
For fu	rther information o	concerning this matter, please c		пиат героп попт	ication)
	Theodora	a Harriette	305 at (926-2623	
	Name o	f Person	Area Code	Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:			
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S			d Address:	*iom
	Division of C			istration Sec sion of Corp	
	P.O. Box 632			Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



2021 FH 1: 0

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2021

THEODORA HARRIETTE 4853 NW 59TH COURT COCONUT CREEK, FL 33073

SUBJECT: MADZAESTHETICS, LLC

Ref. Number: L21000154441

We have received your document for MADZAESTHETICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is H57061 - BIT, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

www sunhiz org

Letter Number: 921A00023909

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madzaesthetics.	, L.L.C.	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on04/02/2021	and assigned
Florida document numberL2100015441	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
BILLIC BITS BY T	THEO, L.L.C.	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		1021
• • •		3
(Principal office address MUST BE A STREET ADD)	RESS)	<u> </u>
	 	
		三 三
Enter new mailing address, if applicable:		- 5 - 5
(Mailing address MAY BE A POST OFFICE BOX)		့် တို
(Maning duaress MAT BE A 1 031 OF TICE BOA)		
	1.004	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Florie	da
 .	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 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
			□Add
			□Remove
			□Change
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f an effe <u>Note:</u>	ve date, if other than ective date is listed, the dat If the date inserted in the ent's effective date on t	e must be specific an iis block does not	nd cannot be prior to meet the applical	date of filing or more ole statutory filing r	(option than 90 days after fi equirements, this	iling.) Pursuant to 605.0	9207 (d us ti
record d is file	l specifies a delayed eff ed.	ective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
	September 20		2021				
Dated _		05/1					
Pated _		Signature of a	member or author	zed representative of	a member		