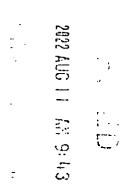
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COVER LETTER

TO:

	Registration Sec Division of Corp			
	Zobia Bio F	Icalth, LLC		
SUBJEC'	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Carla Gutierrez (registered	agent)	
			Name of Person	
		GUTIERREZ, MORALES	S-PEREZ & ASSOCIATES PA	
Firm/Company				
	2750 SW 145TH AVE SUITE 101			
Address				
		MIRAMAR, FL 33027		
		accounts@zobiahealth.com	City/State and Zip Code	
	ı	-	to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please c	all:	
Alessand	ra Zapata		954 774-4100	
Name of Person		at ()	ne Telephone Number	
Enclosed	is a check for th	e following amount:		
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I	Mailing Address Registration S	Section	Street Address: Registration Se	
	Division of C P.O. Box 632		Division of Co The Centre of	•
	rallahassee, F			pe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2022 AUG 11 AM 9: 44 Zobia Bio Health, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ا أيم The Articles of Organization for this Limited Liability Company were filed on $\frac{05/05/2021}{}$ ___ and assigned Florida document number __L21000210933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Zobia Health & Aesthetics, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 Cin 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>	<u>Address</u>	Type of Action
AMBR	IVAN ZAPATA	14878 SW 45th CT	□Add
		Miramar, FL 33027	■Remove
			□Add
			Remove
			□Change
			□Add
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			□Change

Effective date, if other than the date of filing: St1/2022	
Effective date, if other than the date of filing: 8/1/2022	
Effective date, if other than the date of filing: [All/2022	
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August 1 2022	th day after the
Dated	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	