## L21000230289

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	}		
Butterfly A SUBJECT:	esthetics LLC	·	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanessa Lessey		
		Name of Person	
	Metamorphosis Skin Studi	o	
		Firm/Company	<del> </del>
	745 U.S 1, Suite 305		
		Address	
	North Palm Beach, FL 334	808	
		City/State and Zip Code	<del>                                     </del>
	Metamorphosisskinstudio00	_	
	E-mail address: (	to be used for future annual report notification)	
For further information of	concerning this matter, please co	all:	
Vanessa Lessey		561 628-7269 at ()	
Name o	of Person	Area Code Daytime Telephone Nu	in her
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	Of Filing Fee, tificate of Status & tificate Copy tional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Butterfly Aesthetics LLC

(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on outliability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number L21000230289	ility Company	were filed on 05/18/202	<u>.  </u>	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liab	ility company here:		
Metamorphosis SKin Studio LLC				
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:	745 US 1, Suite 305		
(Principal office address MUST BE A STREET)		North Palm Beach, FL	33408	
Enter new mailing address, if applicable:		Same AS above		
(Mailing address MAY BE A POST OFFICE BO	)X)			
	<b></b>		l l	
B. If amending the registered agent and/or registered affice address because of New Registered Agent:			, <u>enter the name</u>	of the new register
715 115 1		305		
New Registered Office Address:		Enter Florida stree	n address	
	North Palm Bea	ıch	, Florida <sup>334</sup>	08
•	<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		ļļ .	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete red agent as p gistered office ange.	performance of my du provided for in Chapte	ties, and fam fa r 605, F. <b>S</b> ! Or, i firm that the lim	imiliar with and  f this document is  ited liability

D. If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if ne	essary.)
	<del></del>	
	<del>-</del> · ··	
	<del></del>	
	·	
		1
*****		
<u></u>		
(If an effective <u>Note:</u> If th	late, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's record-	ional) or filing.) Pursuant to 605.0207 (3)( or date will not be listed as the
If the record sperecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
Apri	1 22 2024	
Dated	1. Minu Af	
•	Signature of a member or authorized representative of a member	
	Vanessa Lessey	
-	Typed or printed name of signee	<del> </del>