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| Special Instructions to Filing Officer: |
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Account#: I20000000088

| Date:         | 11/04/2021                       |                      |                             |
|---------------|----------------------------------|----------------------|-----------------------------|
|               | Marcel Ogbonna-Amu               | _                    |                             |
| Reference #:  | 1519397                          | _                    |                             |
| Entity Name:  | SISU AESTHE                      | TIC CLINIC FL LLC    | <u> </u>                    |
|               | s of Incorporation/Authorization |                      |                             |
| _             | e of Agent                       |                      | ANY ISSUES, CALL<br>MARCEL: |
| Reinsta       | atement                          |                      | (518) 213 - 0826            |
| Conve         | rsion                            |                      | Thank you!                  |
| Merger        | -                                |                      |                             |
| Dissolu       | ution/Withdrawal                 |                      |                             |
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| Authorized Ar | mount: <b>\$55.00</b>            |                      |                             |
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F: +852.2682.9790



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Account#: I20000000088

| Date:        | 11/04/2021                        |                         |                             |
|--------------|-----------------------------------|-------------------------|-----------------------------|
|              | Marcel Ogbonna-Amu                |                         |                             |
| Reference #  | 454005                            |                         |                             |
|              |                                   | HETIC CLINIC FL LL      | С                           |
|              |                                   |                         | -                           |
| Article      | es of Incorporation/Authorization | on to Transact Business |                             |
| ✓ Amer       | ndment                            |                         |                             |
| ☐ Chan       | ge of Agent                       |                         | ANY ISSUES. CALL<br>MARCEL: |
| Reins        | tatement                          |                         | (518) 213 - 0826            |
| ☐ Conv       | ersion                            |                         | Thank you!                  |
| ☐ Merg       | er                                |                         |                             |
| ☐ Disso      | lution/Withdrawal                 |                         |                             |
| ☐ Fictiti    | ous Name                          |                         |                             |
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| Signature:   | Marcel og bonner fo               | orale.                  |                             |

F: +852.2682.9790

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SISU AESTHETIC   |  |  |
|--|--|--|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | y as it now appears on our records.) iability Company) |  |
| The Articles of Organization for this Limited Liability Company  | were filed on May 19, 2021                             | and assigned   |
| Florida document number L21000232156   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:                                     |  |
| he new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or                 |  |
| Enter new principal offices address, if applicable:  |  | 207]<br>SE   |
| Principal office address MUST BE A STREET ADDRESS)   |  | 台灣   |
|  |  | Markey 1 marks |
|  | <del></del>  |  |
| Inter new mailing address, if applicable:  |  |  |
| Mailing address MAY BE A POST OFFICE BOX)  |  |  |
| Huming dualess MAT BE A TOST OF THE BOW  |  | The #  |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress 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                           |  |
|  | , Floric   | ta   |
|  | 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                            |
|--------------|-----------------------------|------------------------|---|
| AMBR_        | SISU AESTHETIC CLINIC, INC. | 1910A FILBERT ST       |   |
|              |                             | SAN FRANCISO, CA 94123 | □Remove                                   |
|              |                             |                        | <b>⊻</b> Change                           |
| MGR          | Pat Phelan                  | 2525 COLLINS AVE       | 🗀 Add                                     |
|              |                             | APT 1005               | <b>⊠</b> Remove                           |
|              |                             | MIAMI BEACH, FL 33140  | □ Change                                  |
| MGR          | Lisa Donohue                | 1910A FILBERT ST       | <br>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
|              |                             | SAN FRANCISO, CA 94123 | SHORE TO Remove #                         |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records | cable statutory film  | (option<br>fore than 90 days after fi<br>g requirements, this c | liter ) Dumpent ( | o 605.0207<br>e listed as |
| e record specifies a delayed effective date, but not an effective tird is filed.   | ime, at 12:01 a.m.    | on the earlier of: (h)  | The 90th day      | after the                 |
| Dated October 13   | <del></del> ·         |   |                   |                           |
| -/U.ImThe  |                       |   |                   |                           |
| Signature of a member or author  Lisa Donohue  Lisa Donohue  | orized representative | of a member   |                   | <del>-</del>              |