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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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T. MATTHEWS FEB 2 2 2022

COVER LETTER

TO:

| | ration Sec n of Corp | ction porations | | | |
|--------------------------|-------------------------|---|--|------------------------|---|
| CIIDITION | | AESTHETICS, LLC | | | |
| SUBJECT | | | nited Liability Company | | |
| The enclosed Ar | ticles of A | Amendment and fec(s) are sub | omitted for filing. | | |
| Please return all | correspor | ndence concerning this matter | to the following: | | |
| | | VICTORIA MARTINEZ | | | |
| | | | Name of Person | | |
| | | V LASER AESTHETICS | LLC | | |
| | | | Firm/Company | | |
| | | 15500 BISCAYNE BOUL | EVARD | | |
| | | | Address | | |
| | | UNIT 15528 | | | |
| | | | City/State and Zip Code | | |
| | | VEMT23@HOTMAIL.CO | M to be used for future annual r | amort notification | |
| For further infor | mation co | ncerning this matter, please c | | cport nonneadon) | |
| VICTORIA MA | RTINEZ | | 305 8 04 | 1-0302 | |
| | Name of | Person | Area Code | Daytime Teleph | one Number |
| Enclosed is a che | eck for the | e following amount: | | | |
| ■ \$ 25.00 Filing | g Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Address ration S | | Street Ad Registra | dress: tion Section | |
| Divisio | on of Co | orporations | | of Corporation | ons |
| | ox 6327 | L 32314 | | itre of Tallaha | |
| i diidii | assee, r | U J2J 14 | 2413 N. | Monroe Stree | a, sune 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V LASER AESTHETICS, LLC

22 FEE 11 PH 3: 27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| ne Articles of Organization for this Limited Lorida document number L21000255782 | | | <u> </u> |
|---|-----------------------|-----------------------------------|-----------------------------------|
| his amendment is submitted to amend the following | owing: | | |
| . If amending name, enter the new name o | f the limited liab | ility company here: | |
| - /A | | | |
| e new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the designation "I | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | 15500 BISCAYNE BOUL | EVARD UNIT #15528 |
| | | NORTH MIAMI, FL 3316 | 0 |
| | | | |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | SAME AS ABOVE | |
| | | | |
| | | | |
| | | | |
| . If amending the registered agent and/or tent and/or the new registered office addre | | address on our records, <u>en</u> | ter the name of the new regist |
| | | | |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | | Enter Florida street ad | dress |
| | | | Florida |
| | | | 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 |
|--------------|-------------------------|---|----------------|
| MGR | TD Investment Group LLC | 15500 Biscayne BLV. #15528 N Miami FL 33160 | ■ Add |
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| ective date, if other that effective date is listed, the da | n the date of filing: ate must be specific and ca | | f filing or more than 90 | (optional) days after filing.) Pursuar | nt to 605.020 |
| te: If the date inserted in to nument's effective date on | his block does not mee | et the applicable sta | | | |
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| cord specifies a delayed ef | Tective date, but not ar | n effective time, at 1 | 2:01 a.m. on the ear | lier of: (b) The 90th o | lay after the |
| s filed. | | | | | |
| ed 2-7-22 | | | V | | |
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