121000258439

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DZZ JAN 31 AM 8:52 ECRETARY OF STATE

A. BUTLER FEB 1 8 2022

COVER LETTER

TO: Registration Se Division of Cor	porations		-
SUBJECT:	ivra Aesthe	tics	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	indence concerning this matter		
	Heioi eov	varps	
		Name of Person	
		Firm/Company	
	3281 OVE	1004 10 aD Address	
	he di carce	33328 City/State and Zip Code 52469Mail. CV	<u></u>
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Heidi ear	N AY PS	at (186) 234	7990 : Telephone Number
(value o			
Enclosed is a check for the	ne following amount:		
□ \$25.00 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)
Mailing Addres		Street Address: Registration Sec	rtion
Registration S Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Aura Aesthetics	20	122 JAN 31 AM 8: 52
(Name of the Limited Liability Companied Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number $L21000258439$.	ny as it now appears on o liability Company)	ECRETARY OF STATE ALL AHASSEE, FL and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabil. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designa 328 DVCC DAVIC, FL	100x road
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3281 OVER	33328
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
	City	, 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
			□∧dd
			□Remove
			☐ Change
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an effective date is listories. If the date ins	ther than the date of filing:
record specifies a c l is filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated JAN	28 2022
	Signature of a member or authorized representative of a member
	Heipi edwards
	Typed or printed name of signee