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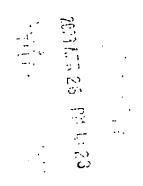
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## **COVER LETTER**

TO:

Registration Section

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COTILG ME	-Sthetics :	
Name of Limi	ted Liability Company	
ndment and fee(s) are subr	nitted for filing.	
ce concerning this matter t	to the following:	
Blandin	A GOOCALVE	<u>2</u> S
	Firm/Company	
	Address	
Davenport  Critique purp  Esmail address to	FL 33896 City/State and Zip Code CGAMAIL, COM o be used for future annual report notifica	2524 28
		7 <u>9</u>
rancalles	at (95 4) 305 — Daytime T	2524 S
llowing amount:		
\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
orations	Street Address: Registration Secti Division of Corpo The Centre of Tal	rations lahassee
	Name of Limited and fee(s) are substituted and f	Name of Limited Liability Company  Indianal fee(s) are submitted for filing.  Ince concerning this matter to the following:    Blandina Good Calve Name of Person

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Body By Blanc	ling
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000 34 7591</u> .	were filed on $81212021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  EXXOTICA ACSTRETICS LL  The new name must be distinguishable and contain the words "Limited Liability".	.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 BQX)	2774 E Colonial Br Mando, FL 32803
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  461 Call	ling Goncalves awalk C+ #306 Enter Florida street address 0-C+ 33806
	Florida 33806 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 Lich Callawalk Ct	Type of Action
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