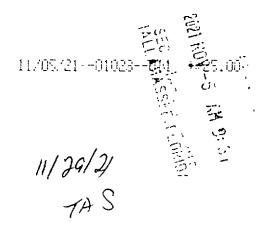


(Re	questor's Name)	
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Office Use Only





COVER LETTER

TO: Registration Division of C	Corporations .
SUBJECT: <u>Me1</u>	OS Aesthetics on the 90 LLC. Name of Limited Liability Company OS Stricke Shop LLC now it now appears on records)
CHei	us smoke shop U.C. how it how appears on records)
	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Melissa Costro Reyes Name of Person
	Melos Hesthetics or the go LLC
	qua Pondeross: Pine C+
	Orlando, FL 32825 Bilatzozi City/State and Zip Code Metalot a gmather Metalosaesthetics on the 90. E-mail address (to be used for future annual report notification) Orlando, FL 32825 City/State and Zip Code Orlando, FL 32825 Orlando,
For further informatio	n concerning this matter, please call:
Melissa Cast	tro 12 e y = 5 at (407) 301 - 72 to 3 Area Code Daytime Telephone Number
Enclosed is a check fo	or the following amount:
≥ \$25,00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on o	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 (000365634</u>)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable Melos Aesthetics on the go The new name must be distinguishable and contain the words "Limited Liabile".	•	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida str	vet address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chapi	luties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
			
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