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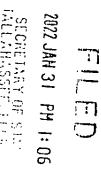
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## . · · · COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Melo	S Aesthetics	s on the go	
	Name of Lim	ited Liability Company	
The state of the Control of the Cont	A I I Gaza I		
The enclosed Articles of A	Amendment and ree(s) are sub	inntica for titing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Melissa Ca	Stro Reyes Name of Person	·
	Allos Aesthetics of the go Name of Limited Liability Company  Allos Aesthetics of the go Name of Limited Liability Company  Allos of Amendment and fee(s) are submitted for filling.  Arrespondence concerning this mutter to the following:  Melissa Casho Reyes Name of Person  Firm/Company  Gud Ponderosa Pine Ct Address  City/State and Zip Code  Melic Holl & amail. Com Firmal address (to be use) for future amount report notification)  attion concerning this matter, please call:  Casho Reyes  Area Code  Netic Holl & amail. Com Firmal address (to be use) for future amount report notification)  attion concerning this matter, please call:  Casho Reyes  Area Code  National Composition of Certificate of Status  Certified Copy (radditional copy is enclosed)  Address:  Registration Section  To Corporations  The Centre of Tallahassee		
		Figu/Company	Solution Section ivision of Corporations he Centre of Tallahassee
		r and company	any  CH  S2S ip Code  COYO e annual report notification)  301-72U3 ode Daytime Telephone Number  Daytime Telephone Number  S60,00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations
	969 Ponden	osa Pine Ct_	
		Address	
	Diando	FL 32826	
	<u> </u>	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	tification)
For further information co	oncerning this matter, please c	atl:	
4.1.	. 0		
Melissa Cas	tro Keyes		<u>-7263</u>
Name of	Person	Afea Code Dayin	ne reteptione Nutrioer
Enclosed is a check for th	e following amount:		
₹25.00 Filing Fee	S30 00 Filing Fee &	□ \$55.00 Filing Fee &	S60 00 Filing Fee
B 325.00 1 mig 1 cc		Certified Copy	Certificate of Status & Certified Copy
Mailing Address	··	Stroot Address	
Registration S	<del></del>		ection
P.O. Box 632			
Tallahassee, F	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 31 PH 1: 06

Melos Aesthetics (Name of the Limited Liability Co	mpany as it mov appears ( ted Liability Company)	on our records.)	SECRETARY OF STATE TALLAHASSEE, FLERE
The Articles of Organization for this Limited Liability Comparing	any were filed on	slivlzoz	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here	<u>e</u> :	
MC Elite Aesthetics, LL. The new name must be distinguishable and contain the words "Limited I.	<b>C</b>		
The new name must be distinguishable and contain the words "Limited L	liability Company," the desi	ignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		<del></del>	
Enter new mailing address, if applicable:	·	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · ·	<del> </del>
	<del></del>		
B. If amending the registered agent and/or registered offi	ice address on our rec	ords, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			_
New Registered Office Address.	Enter Florida street address		
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of, company has been notified in writing of this change.	lete performance of m as provided for in Ch	ny duties, and I Dapter 605, F.S.	am familiar with and . Or, if this document is
If	Changing Registered Ager	nt, <u>Sig</u> nature of N	ew 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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			□Rепюче
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m effectiv <u>ote:</u> If th	late, if other than the deduce is listed, the date must be date inserted in this blocks effective date on the Dep	be specific and cannot k does not meet th	ie applicable stati	filing or more than 90 coory filing requirement	_ (optional) lays after filing.) Pursuant to ents, this date will not be	5 605,0207 : listed as
record The 90	specifies a delayed on the second in the sec	effective date, d is filed.	but not an ef	ective time, at 1	2:01 a.m. on the e	arlier of
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		ignature of a membe	r or authorized rep	resentative of a membe		

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