LZI 000384631

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(Address)
(Address)
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09/28/21--01025--002 **52.50

SECRE JALY SHIS DATE



October 6, 2021

BRANDIC L. GREENE 2846 NW 9TH STREET POMPANO BEACH, FL 33069

SUBJECT: ALL THINGS AESTHETICS LLC

Ref. Number: L21000384631

We have received your document for ALL THINGS AESTHETICS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 921A000242154 CRE AHAS SEE S

www.sunbiz.org

COVER LETTER

SUBJECT: All Things Aesthetics LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:		
Brandic L. Greene Name of Person Auctto Lice 110	-	
All Things Apsthetics LLC Firm/Company 2846 NW 9th Street	-	
Pompario Beh FL 33069 City/State and Zip Code	2021 (SEC)	
Fom Pario BCh, FL 5 50 69 City/State and Zip Code Thobein Comparion Com E-mail address: No be used for future annual report notification) For further information concerning this matter, please call: Crepne at (954) 638-1179 Name of Person Area Code Daytime Telephone Number	OCT 18 PM	
Name of Person at (954) 638-1179 Area Code Daytime Telephone Number	<u>でい</u> 6: 34	ا
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	ate of Status &	
Mailing Address: Street Address:		

Registration Section
Division of Corporations

TO:

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 ARTICLES OF ORGANIZATION **OF**

	METICS	LLC				
(Name of the Limited Liabil (A Florid	tity Company a da Limited Liabi	s it now appears lity Company)	s on our records.)		_	
The Articles of Organization for this Limited Liability (Florida document number <u>L 2100038463</u>		re filed on <u>0</u> 8	3/27/2021	anc	l assigne	d
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability	company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Lit	mited Liability (Company," the de	esignation "LLC" or I	the abbreviation	n "L.L.C."	
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET ADD	RESS)			() ()	202	
				OKE STA	100118	
Enter new mailing address, if applicable:				2/2-1 2/2-1-1		~~~ <u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)						**************************************
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ress on our re	ecords, <u>enter the</u>	name of the	new reg	<u>z</u> i
Name of New Registered Agent:						
New Registered Office Address:		r r.	ida street address			
		Enter r iori	aa sireei aaaress			
		Cirv	, Florid	aZip C	ode	
Yau Dagistarad Agant's Signature if changing Dagistar	ad tuant.	÷,				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this documents being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabilit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Brandic L. Grepne	2846 NW 9th street	X Add
		Pompano Brach, FL 33069	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on thord is filed.		-
Dated 10-18-2021 **Basi: 7. Decre Signature of a member or authorized representative of a **BRandic L. Greene Typed or printed name of signee		
Signature of a member or authorized representative of a	ı member	
Bl - 1 - 1		