

L21 000 387558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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09/08/21--01019--019 **25.00

10/14/21
PM 3:04

10/14/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2021

ROBERT SIMON
701 NORTHLAKE BLVD.
NORTH PALM BEACH, FL 33408

SUBJECT: PALM BEACH AESTETICS GROUP LLC
Ref. Number: L21000387558

We have received your document for PALM BEACH AESTETICS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 321A00022650

7019 1120 0001 2111 3501

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: PALM BEACH AESTHETICS GROUP LLC
Name of Limited Liability Company

233 OCT -7 AM 8:09

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT SIMON

Name of Person

PALM BEACH AESTHETICS GROUP LLC

Firm/Company

701 NORTHLAKE BLVD

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

ANDREW@READECO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW READE

Name of Person

at (516)

Area Code

802-2000

Daytime Telephone Number

Enclosed is a check for the 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 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

PALM BEACH AESTHETICS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 30, 2021 and assigned
Florida document number L21000387558.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PALM BEACH AESTHETICS GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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 BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

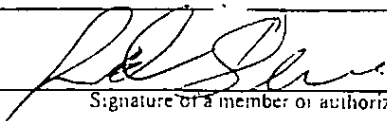
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 31 2021



Signature of a member or authorized representative of a member

ROBERT SIMON

Typed or printed name of signee

Filing Fee: \$25.00