

L21 0004124273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

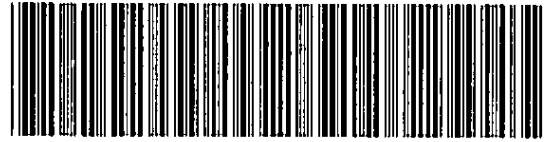
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CLERK OF SUPERIOR COURT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AESTHETIC LASER SOLUTIONS, 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:

LISA MATIRE

Name of Person

Firm/Company

1 NORTH OCEAN BLVD #1602

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

LM123@bellsouth.net

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

For further information concerning this matter, please call:

LISAMATIRE

Name of Person

at (501)

Area Code

714-622

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

FILED
2022 FEB 11 AM 9:08
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AESTHETIC LASER SOLUTIONS, 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 September 27 2021 and assigned
Florida document number L21000424273

This amendment is submitted to amend the following:

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

Laser Aesthetic Solutions 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)

905 E. Hillsboro Blvd.
Deerfield Beach Florida
33441

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7 North Ocean Blvd.
#1602
Pompano Beach, FLA
33062

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:

905 EAST Hillsboro Blvd
Enter Florida street address
Deerfield Beach, Florida 33441
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

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated February 8, 2022

Isaiah
Signature of a member or authorized caregiver

Signature of a member or authorized representative of a member

LISA MATIWE

Typed or printed name of signee