421000528350

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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2022 JUN 23 PH I: IT

COVER LETTER

TO: Registration S Division of Co			
CUDIECT.	etic Devices, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rinay DelPizzo		
		Name of Person	
	Tax & Financial Strategists	s, LLC	
	<u> </u>	Firm/Company	 .
	28089 Vanderbilt Drive Su	nite 201	
		Address	
	Bonita Springs, FL, 34134		
		City/State and Zip Code	12.2
	rinay@wondertax.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Rinay DelPizzo		239 405-8395 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

FILED

360 Aesthetic Devices, LLC

company has been notified in writing of this change.

2022 JUN 23 PM 1: 17

(A Fibrida Elimica	ывонну сотрану)	TALL AHASSEE, FL			
The Articles of Organization for this Limited Liability Company	were filed on 12/15/2021	and assigned			
Florida document number L21000528350					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5870 Washtington Street, Unit A				
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL, 34109				
Enter new mailing address, if applicable:	5870 Washington Street,	. Unit A			
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL, 34109				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Florida				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duti	es, and I am familiar with and			

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If and noting Authorized Persons anniherized to noting eventer the filler materiand address of each person found address of each person for each person found address of each person for ea

MGR = Victiser VMRR = Authorized Member

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E. Effective date, (If an effective date	if other than the o	late of filing be specific and	cannot be prior	to date of filing (or more than 90	(option	al)	iant to 60°	5 0207
Note: If the dat	e inserted in this blo- ctive date on the Dep	ck does not m	eet the applica	ible statutory f	iling requiren	nents, this d	ate will n	ot be list	ed as
If the record specific record is filed.	s a delayed effective	date, but not a	ın effective tir	ne, at 12:01 a.:	m. on the ear	lier of: (b)	The 90th	ı day afte	r the
	i		2022						
June 22nd Dated	_								
Dated	1/1 5	Toke		_ `					