## LZZ000021650

(Re	questor's Name)	
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### **COVER LETTER**

TO:

Registration Section

Division of Corp	orations		
erningt. AESTHEI	TIC CLINIC CENTER, I	ПС	
SORTECT: MESTILET		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Corpora	ate Maintenance Le	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	F-mail suldross: ()	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	·	,
7 or rather morning co	meering this matter, please et	411.	
	ng Department	at (800 ) 638-2320	<del></del>
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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)
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COUR! Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 MAR 21 PM 2: 25

### AESTHETIC CLINIC CENTER, LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on out record of ASSEE, FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 01/05/22	and assigned
Florida document number L22000021650		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11929 E Colonial Dr	
(Principal office address MUST BE A STREET ADDRES	Orlando, FL 32826	
Enter new mailing address, if applicable:	11929 E Colonial Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32826	
B. If amending the registered agent and/or registered		is, enter the name of the new
registered agent and/or the new registered office address	s nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR H	Hector Cruz	11929 E Colonial Dr	Add
		Orlando, FL 32826	Remove
			☐ Change
MGR Betzaida Marilyn Maldonado Alicea	Betzaida Marilyn Maldonado Alicea	11929 E Colonial Dr	☑ Add
	Orlando, FL 32826	Remove	
		Change	
			Add
	<del></del>	Remove	
		Change	
		Remove	
		Change	
		Add	
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	e date, if other than the date of filing: N/A (optional) tive 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) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
(b) The s	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 30th day after the record is filed.
Dated _	· the
	Signature of a member or authorized representative of a member
	Hector Cruz

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00