## L22000092113

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
, PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





000439541630



## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	he Aesthetic L	ounge LLC		
	Name of Lin	nited Hability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	B	Name of Person		
	1	The Aesthetic Lounge. Firm/Company	LLC	
	1343	Bella Tuscany Ca	vil	2021 HOY SECRE
		New York, Fr. 32-150 City/State and Zip Code		TOU HOW IS PHING IN
For further information c	E-mail address: (	alt @ ineaestnetic loun to be used for future annual report noti	fication)	
	Pena f Person	at (407) 189- Area Code Daytime	3266 e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
Mailing Addres	<u>s:</u>	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

The Aesthetic Louin					
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L		on our	records.)		
The Articles of Organization for this Limited Liability Company	were filed on <u></u>	e brug	ny 200	2024and assi	gned
Florida document number <u>L22000092713</u> .			·		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation	"LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			_	<del></del>	
				100 PM	-73
				ET I	part of the
Enter new mailing address, if applicable:	1343	3ella	Tuscany	Fare or	gr:175
(Mailing address MAY BE A POST OFFICE BOX)	Longwood	d, Fi	- 3275	20000 3	
				mo ti	
				一点 "	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our re	cords, <u>c</u>	enter the na	me of the new	registered
The second secon					
Name of New Registered Agent:				···	
New Registered Office Address:					
	Enter Flori	da street i	uddress		
			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

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>	Address	Type of Action
MGR	Melissa Smith	1043 Henry Downs Place	□Add
		Heatron, FL 32746	XRemove
			□ Change
			🗖 Add
			□Remove
			Change
			□Add
		TALL	Remove Change
		######################################	Change Add Change
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change