L22000133838

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(Address)					
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(City/State/Zip/Phone #)					
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2022 SEP 16 AM 7: 31

SECRETARY OF STATE

4 12/10/2022

COVER LETTER

	Registration Se Division of Cor			·			
eup ir c	symmetrý a	aesthetics LLC					
SUBJECT: Name of Limited Liability Company							
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		Jacqueline					
			Name of Person				
		ZenBusiness INC					
			Firm/Company				
		336 E. College Ave Suite	301				
			Address				
		Tallahassee, FL 32301					
			City/State and Zip Code				
		fulfillment@zenbusiness.co	om to be used for future annual report no	10-11-1			
For furthe	er information c	oncerning this matter, please of	•	tineanon)			
Jacqueline c/o ZenBusiness INC Name of Person		at () 493-6249					
	Name o	f Person	Area Code Daytii	me Telephone Number			
Enclosed	is a check for th	ne following amount:					
≡ \$2 5.0	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)			
i 1	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 16 AM 7: 31

(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 $\frac{03/17/2022}{1}$ ____ and assigned Florida document number 1.22000133838 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Symmetry Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

New Registered Agent's Signature, if changing Registered Agent:

symmetry aesthetics LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	Scott Allen Tucker	6860 Forkmead Ln	= Add
		Port Orange, FL 32128-7418	□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□Change

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E. Effective date, if other than the d (If an effective date is listed, the date must in Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior ck does not meet the applic	able statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 (. tents, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective ti	ime, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated September 7th	2022		
	Rence Tucker		
S	ignature of a member or author	orized representative of a member	:r
Dawn Rence Tucker			
-	Typed or print	ed name of signee	

Filing Fee: \$25.00