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COVER LETTER

10: Registration Se Division of Cor			,	
SUBJECT: MAGIC AESTICS, LLC Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Corpor	ate Maintenance Le	ad	
		Name of Person		
	Proc	essing Department		
		Firm/Company		
	1	1450 Vassar St		
		Address		
		Reno, NV 89502		
		City/State and Zip Code	-	
			 	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	meation)	
Process	ing Department	at (800) 638-2320		
	f Pason	Area Code Daytim	te Telephone Number	
Enclosed is a check for t	he 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)	
Registi Divisio P.O. B	ING ADDRESS: ration Section in of Corporations ox 6327 issee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on Galions	
		Laffahassee, FL 3		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY -9 AM 9: 33

MAGIC AESTICS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

<u>,</u>	· ··· , · · , · · ·	
The Articles of Organization for this Limited Liability Company of	vere filed on 03/23/22	and assigned
Florida document number L22000142949		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
MAGIC AESTH The new name must be distinguishable and contain the words "Limited Liabili	ETICS, LLC ty 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (s, and I am familiar with and 605, F,S. Or, if this document is

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 Type of Action Address Title Name | □ Add ☐ Remove _□ Change ☐ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add _□ Remove _D Change DbA □ □ Remove _□ Change _□ Add □ Remove

□ Change

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ffect	ve date, if other than the date of filing: N/A (optional)
fanctī Note:	ective 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 605.0, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
iocun:	ent's effective date on the Department of State's records.
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	04/26/22
	Asal C
	- Hory
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00