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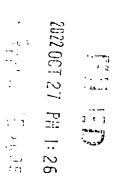
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	T: CARRENO	MED AESTHETICS PRACT Name of Lim	ICE MANAGEMENT AND CONited Liability Company	ISULTING, LLC
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspor	dence concerning this matter	to the following:	
		LEANN K CARRENO	Name of Person	
		Carreno 1	Practice Manager Firm/Company	ement of Consulting LLC
		350 13TH AVENUE, NO	RTHEAST Address	
		ST. PETERSBURG, FL 3	3701 City/State and Zip Code	
		skingjr1@gmail.com E-mail address: (to be used for future annual report not	ification)
For further	er information co	ncerning this matter, please c	all:	
Sylveste	r King Jr Name of	Person	at (954) 558-3649 Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fce	\$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)

Mailing Address:

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

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

FIRE

CARRENO MED AESTHETICS PRACTICE MANAGEMENT AND CONSULTING LLC7 PH 1: 26

(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	y were filed on 04/20/2022	and assigned
Florida document number L22000188312		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	oility company here:	
Carreno Practice Management & Consulting, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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 office agent and/or the new registered office address here:	address on our records, enter the	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	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 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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			□Remove
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