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### **COVER LETTER**

TO: Registration Section Division of Corporations

#### BAIRAMOVA AESTHETICS LLC

SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALEKSANDR SEREBRIA	NKOV		
	BAIRAMOVA AESTHET	Name of Person		
	240 NW 25th St, Apt 832	Firm/Company		
	Miami, FL 33127	Address		<del></del>
	alexproducerus@gmail.com	City/State and Zip Code		
	· <del>-</del>	to be used for future annual r	eport notification)	<del>_</del>
For further information of	concerning this matter, please c	all:		
ALEKSANDR SEREBR			3871144	
Name o	of Person	at () Area Code	Daytime Telepho	one 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 ench		\$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

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### BAIRAMOVA AESTHETICS LLC

(Name of the Lim	ited Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited L  Florida document number	Liability Company were filed on MAY 10	, 2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		•
B. If amending the registered agent and/or agent and/or the new registered office addre		ls, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	City	, Florida Zip Code
	Cuỳ.	Zīp Coae

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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	<u>Name</u> ALEKSANDR SEREBRIAKOV	Address 240 NW 25th St. Apt 832, Miami, FL 33127	Type of Action	
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Effective date, if other than the date of filing:  (Optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.  August 17  2022  Signature of a member or antihorized representative of a member						
Effective date, if other than the date of filing:	•					
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