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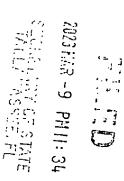
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
eunicze. AESTHET	IC HAVEN BY LUANA LLC		
SUBJECT: TIME THE	Name of Limi	ted Liability Company	_
The analysis Astislas of	Amendment and fee(s) are subt	nitted for filing	
Please return all correspo	indence concerning this matter t	o the following:	
		Name of Person	
	RS ACCOUNTING AND	TAX SERVICES INC	
		Firm/Company	
	10 FAIRWAY DRIVE SU	·	
		Address	
	DEERFIELD BEACH, FL		<del></del>
	INFO@RSACCOUNTING	City/State and Zip Code TAX.COM	
	E-mail address: (0	o be used for future annual report notification)	_
For further information c	oncerning this matter, please ca	dl:	
RODRIGO P SILVA		at (954 ) 623-7615 Area Code Daytime Telephone Nur	
Name o	f Person	Area Code Daytime Telephone Nur	nber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ificate of Status & fied Copy ional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	CECRELARY OF STALLARASSEE, F

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

AESTHETIC HAVEN BY LUANA	A LLC		
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	s on our records.)
he Articles of Organization for this Limited L	iability Company	were filed on $\frac{07/3}{2}$	21/2022 and assigned
lorida document number L22000324404			
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :
AESTHETIC & THERAPEUTIC HAVEN LLC			
he new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	240 SE 10TH A	VE, APT 240A
Principal office address MUST BE A STREE		POMPANO BEA	ACH, FL 33060
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	BOX)	240 SE 10TH A POMPANO BE	
. If amending the registered agent and/or regent and/or the new registered office addre	0	address on our ro	ecords, enter the name of the new registe
Name of New Registered Agent:	RS ACCOUNT	TING AND TAX S	ERVICES INC
New Registered Office Address:	10 FAIRWAY DRIVE SUITE 306		
		Enter Flor	ida street address
	DEERFIELD I	ЗЕАСН	, Florida 33441
		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>	Name	<u>Address</u>	Type of Action
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			□Remove
			Change
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