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(Address)

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(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAR 20 AM 9:17

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Euve Aesthetics LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Misa Valdes
Name of Person
Euve Aesthetics LLC
Firm/Company
4749 Grand Cypress Circle N
Address
Coconut Creek Florida 33073
City/State and Zip Code
euveaesthetics22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachelyn Landon at (954) 242-2700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Euve Aesthetic LLC

(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 Nov 07, 2022 and assigned Florida document number 22000477512

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Euve Aesthetic LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

4749 Grand Cypress Circle N
Coconut Creek Florida 33072

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4749 Grand Cypress Circle N
Coconut Creek Florida 33072

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:

Rwelyn Landan

New Registered Office Address:

4749 Grand Cypress Circle N, #

Enter Florida street address

Coconut Creek

Florida

33072

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ashley Luisa Vales	4749 Grand Cypress Circle N, Granby Co	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eulogia D. Gracia		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dearest,

kindly please Remove Eulogia D. Gracia
into this Eve Acetofics LLC.

Thank you, may you all have a wonderful day.

God bless you all.

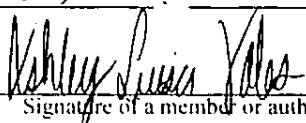
E. Effective date, if other than the date of filing: March 15, 2023 (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 the record is filed.

Dated March 15, 2023



Signature of a member or authorized representative of a member

Ashley Luisa Vales

Typed or printed name of signee