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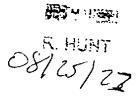
(Requestor's Name)
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:____

Please use funds from	n account:	l20210000160; \$55.00		
Authorization Signature	e:	for Free		
Atlas Aesthetics LLC		0		
<u>Business</u>		<u>Document #</u>		
_XCertified Copy of	amendment		N 3	包
Certificate of Status	S		023	ROISTAFÉ
NEW FILINGS		<u>AMENDMENTS</u>	2023 AUG 25	of coi
Profit Corp		X Amendment	PH 12: 40	7. (2.)
Not for Profit		Resignation of R.A.	$\frac{1}{2}$	7.11
Officer/Director		Articles of Dissolution	0	=
Limited Liability		Change of Registered Agent	i	
Domestication		Revocation of Dissolution		
Other		Merger		
CORP		Conversion		
LLLP		Amended and restated A	rticl	es
		Statement of FACT		
OTHER FILINGS		REGISTERATION/QUALIFICATIONS		
Annual Report		Foreign filing		
		Limited Partnership		
Fictitious Name		Reinstatement		
APOSTILLE: _		OTHER		
(COUNTRY			

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	AESTHETICS LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	BRITTANY MANIATIS		
		Name of Person	
	ATLAS AESTHETICS LI	LC.	
		Firm/Company	
	200 CENTRAL AVENUE	STE 22	2023 AUG
		Address	
	SARASOTA, FL 34236		25
		City/State and Zip Code	fication)
	INFO@ATLASAESTHET		
	E-mail address: (to be used for future annual report noti	fication)
For further information	on concerning this matter, please c	all:	
BRITTANY MANIA	TIS	720 724-3027 at ()	
Nar	ne of Person		e Telephone Number
Enclosed is a check for	or the following amount:		
容 \$25.00 Filing Fee	e \$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 Add		<u>Street Address:</u> Registration Se	ation
	on Section of Corporations	Division of Co	
P.O. Box	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS AESTHETICS LLC.		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on 11/16/2022	and assigned
Florida document number L22000491242	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ATLAS AESTHETIX LLC.		
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
		1713 1023
		AUG
Enter new mailing address, if applicable:		6 2 OF A
• • • • • • • • • • • • • • • • • • • •		3
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		he name of the new register
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Add
			🗆 Remove
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Effective date, if other than the offertive date is listed, the date must	date of filing:	·		(opti	ional)		
If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot ock does not meet th	t be prior to date le applicable st	of filing or more atutory filing re	than 90 days afte equirements, th	r filing.) Pursuan is date will not	t to 605 be list	5.0207 ted as
document's effective date on the De			_				
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e record specifies a delayed effective rd is filed.	date, but not an eff	ective time, at	12:01 a.m. on	the earlier of: (I	o) The 90th di	ay ane	ertne
Dated	202						
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		_	epresentative of				

Typed or printed name of signee