

L23000109342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

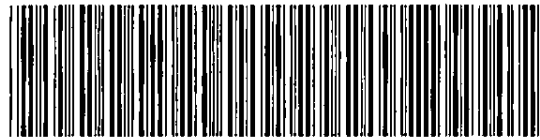
(Business Entity Name)

(Document Number)

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2023 OCT 10 PM 2:25  
OFFICE OF THE CLERK  
STATE OF MISSISSIPPI

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DESTIN BOTOX 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:

Amber Wiebe  
Name of Person

Santa Rosa Beach Dental PA  
Firm/Company

1785 Scenic Gulf Dr  
Address

Miimar Beach, FL 32550  
City/State and Zip Code

dramberw@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber at (850) 259 5644  
Name of Person Area Code Daytime Telephone Number  
267-0777

Enclosed is a check for the following amount:

~~\$25.00 Filing Fee~~

\$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

DESTIN BOTOX 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 3/1/23 and assigned Florida document number 123000109342.

This amendment is submitted to amend the following:

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

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)

1785 Scenic Gulf Dr  
Miamar Beach, FL 32550

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Amber Wiebe

New Registered Office Address:

1785 Scenic Gulf Dr  
Enter Florida street address

Miamar Beach, Florida 32550  
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.

Amber Wiebe

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2023 OCT 10 AM 2:25  
STATE OF FLORIDA  
CLERK OF THE BOARD OF CORPORATE RECORDS

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>
<u>MGR</u>	<u>Amber Wiebe</u>	<u>1785 Scenic Gulf</u>	<input checked="" type="checkbox"/> Add
		<u>Misamar Beach FL 32550</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
	<u>Olivier Brauhn</u>	<u>1785 Scenic Gulf</u>	<input type="checkbox"/> Add
		<u>Misamar Beach, FL 32550</u>	<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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

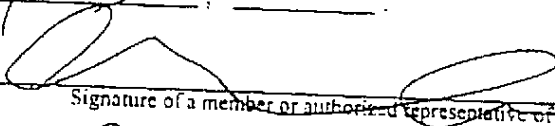
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 8/31/23 (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 9/5/23

  
Signature of a member or authorized representative of a member

Amber Wiebe  
Typed or printed name of signee