11/29/23, 2:28 PM

To:

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074

Phone : (321)710-2030 Fax Number : (407)650-3216

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDIO 5 VIP LLC

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S. ROBERTS

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Help

Page: 3 of 6

From: Cyan Consultants Inc.

COVER LETTER

TO:				
6110.154	C+127			
SUBJEG	CT:		Name of Lim	ited Liability Company
The encl	losed	Articles of /	Amendment and fee(s) are sub	mitted for filing.
Please re	etum	all correspoi	ndence concerning this matter	to the following:
			CLAUDIA PATRICIA OS	SORIO BARRIENTOS
			-	Name of Person
	Division of Corporations STUDIO 5 VIP LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: CLAUDIA PATRICIA OSORIO BARRIENTOS Name of Person STUDIO 5 VIP LLC. Firm-Company 615 DAVID ST Address WINTER SPRINGS, FL 32708 City/State and Zip Code DOCUMENTS@CYANCINC.COM E-mail address: to be used for finine annual report notification) r further information concerning this matter, please call: LAUDIA PATRICIA OSORIO BARRIENTOS Name of Person S63 978-2151 at (Area Code Daytine Telephone Number Closed is a check for the following amount: © \$35.00 Filing Fee Certificate of Status Certified Copy (additional copy is exclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallalbassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
				Firm:Company
			615 DAVID ST	
				Address
			WINTER SPRINGS, FL 3	2708
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDIA PATRICIA OSORIO BARRIENTOS Name of Parson STUDIO 5 VIP LLC. Firm:Company 615 DAVID ST Address WINTER SPRINGS, FL 32708 City/State and Zip Code DOCUMENTS@CYANCINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CLAUDIA PATRICIA OSORIO BARRIENTOS Name of Person Take Code Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
For furtl	er in	formation co	oncerning this matter, please ea	alt:
CLAUI	DIA F	ATRICIA O	SORIO BARRIENTOS	
		Name of	Person	Area Code Daytime Telephone Number
Enclosed	d is a	check for the	e following amount:	
≣ 525.	.00 F	iling Fee		Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
	Reg Div P.O	istration S ision of Co . Box 6321	ection orporations 7	Registration Section Division of Corporations The Centre of Tallahassee

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO 5 VIP LLC	11111111	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limit	(A Florida Lunited)	ny ay it now appears on our reco Liability Company)	<u>r(0s.</u>)
The Articles of Organization for this Limited Li Florida document number <u>L23000205097</u>	iability Company	were filed on <u>04/25/2023</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
MYSTIC AESTHETIC LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	ahle:	615 DAVID ST	2
(Principal office address MUST BE A STREE		WINTER SPRINGS, FL 327	708
	· · · · · · · · · · · · · · · · · · ·		
			``
Enter new mailing address, if applicable:		615 DAVID ST	:
(Mailing address MAY BE A POST OFFICE)	BOX)	WINTER SPRINGS, FL 327	708 🏗
			Ŧ,
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	s here:	nddress on our records, <u>ente</u> SORIO BARRIENTOS	er the name of the new registered
	615 DAVID ST		
New Registered Office Address:	013 07 (10 31	Enter Florida street ældr	Kitt
	WINTER SPRI	NGS ,	Stanida 32708
			Florida 32708 Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, orovided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is
		(1/2/13)	
	If Char	iging Registered Agent, Signature	e 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

Page, 5 of 6

<u>Title</u>	Name	Address	Type of Action
AMBR	CLAUDIA P OSORIO BARRIENTOS	615 DAVID ST	□Add
		WINTER SPRINGS, FL 32708	□ Remove
			🛢 Change
			
			Remove
			Change
			Remove
		-	Remove
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			□ Remove
			□Change
			DAdd
			Remove
		. <u></u> -	□Change

To:

Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (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 015.0207 (3 Note: If the date insented 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. The record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 99th day after the ord is filed. Dated OCTOBER 25th 2023 Signature of a member or authorized representative of a member CLAUDIA PATRICIA OSORIO BARRIENTOS	Will are an area and area area area area area area area are		
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