

11/29/23, 2:28 PM

Division of Corporations

L23000205097

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6383

From:

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

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S. ROBERTS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUDIO 5 VIP 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:

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 future annual report notification)

For further information concerning this matter, please call:

CLAUDIA PATRICIA OSORIO BARRIENTOS

863

978-2151

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

STUDIO 5 VIP 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 04/25/2023 and assigned
Florida document number L23000205097.

This amendment is submitted to amend the following:

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

MYSTIC 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:

615 DAVID ST

(Principal office address **MUST BE A STREET ADDRESS**)

WINTER SPRINGS, FL 32708

Enter new mailing address, if applicable:

615 DAVID ST

(Mailing address **MAY BE A POST OFFICE BOX**)

WINTER SPRINGS, FL 32708

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:

CLAUDIA P OSORIO BARRIENTOS

New Registered Office Address:

615 DAVID ST

Enter Florida street address

WINTER SPRINGS

Florida 32708

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	CLAUDIA P OSORIO BARRIENTOS	615 DAVID ST	<input type="checkbox"/> Add
		WINTER SPRINGS, FL 32708	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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