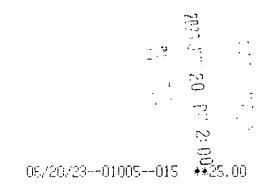
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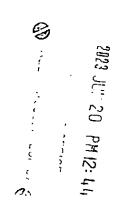
(Re	questor's Name)	
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, - <u>-</u>	,	
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PICK-UP	MAIT	MAIL MAIL
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(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		,
SUBJECT:	Tamed Est	hetics LLC ited Liability Company	
	Name of this	med Machily Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Tarno	Name of Person	
	Tam	red Esthetics LL	<u>C</u>
	150_6as	t Robinson Street,	unitizie 20
	DA	ando FL 32801 City/State and Zip Code	
		Hamed esthetics at to be used for future annual report noti	om · ·
For further information c	E-mail address. (oncerning this matter, please c	·	fication)
Tayncivo Name o	Karann Person	at (<mark>4끼</mark>) <u>5% - 니</u> Area Code Daytim	454 e Telephone Number
Enclosed is a check for th	re following amount:		
₹L\$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 Addres Registration 5	Section	Street Address: Registration Sec	etion
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	<u> </u>	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>123,000218051</u> .	y were filed on5	103 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		200
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1-0
		9.0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	ls, enter the name of the new registered
New Registered Office Address:		
	Enter Florida str	veet address
	<u>-</u>	Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tamara Kanaan	150 East Robinson Street, unit 121 orlando, FL 32801	<u>U</u> V IAdd
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			□Change
			🗆 Add
	•		□Remove
			(E)Change
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		<u> </u>	□Remove
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etive date, if other than the date of filing: Effective date is listed, the date must be specific and cannot in the date inserted in this block does not meet the ament's effective date on the Department of State's reference.	e prior to date of filing or more th applicable statutory filing req		
ord specifies a delayed effective date, but not an effe filed.	tive time, at 12:01 a.m. on the	e earlier of: (b) The 90th o	day after th
d 6/20/2023	alcono		
- javia	or authorized representative of a r	and the second	