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06/11/24--01018--021 **30.00



COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: FACEME Aesthetics, LLC Name of Limited Liability Company
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:
PALINA ANTONOVICH Name of Person
Name of Person
Firm/Company
358 San Lorenzo Ave Juite 3226-5
COROL GABLES, FLORIDO 33146 City/State and Zip Code
City/State and Zip Code
Hello & Face Me & e Sthetic . COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PALIMA ANTONOVICH 11786, 719-6500
Mame of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
rē.
Mailing Address: Street Address:
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Hay 17, 2023 and assigned Florida document number 23000244072.

This amendment is submitted to amend the following:

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N/A	cyn d.	TE TE	177
The new game page he distinguishable and contain the words "I imited Lightlity Company" the designation	"LLC" or the abbu	ruiation	·· Fire

Enter new principal offices address, if applicable:	358 Jan Lorents tore	
Principal office address MUST RE A STREET ADDRESS	Wile 3225-5	

Principal office address MUST BE A STREET ADDRESS) Suite 3225-3

Corol Gables, FL, 33/46?

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

358 Jan Lorenzo AUR

Jujue 3225-5

(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:

New Registered Office Address:

Enter Florida street address

N/A _______, Florida ______

New Registered Agent's Signature, if changing Registered Agent:

F.

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B

Bhereby 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.

MA
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>	Address	Type of Action
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ffect	ive date, if other than the date of filing: 6/6/2024 (optional) fective 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
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	nent's effective date on the Department of State's records.
	d 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
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