Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNATCHED PLASTIC SURGERY, LLC

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Help

AUG 22 2023

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNATCHED PLASTIC SURGERY, LLC

(Name of the Limited Liability Company as it now appears on our records.)

CA Florida Limited L	iability Company)	on our records.		
The Articles of Organization for this Limited Liability Company	were filed on	06/07/2023	and	assigned
Florida document numberL23000277701				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here	<u>:</u> :		
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words are contained by the words are cont	ty Company," the desi	ignation "LLC" or the	abbreviation	"LLC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our rec	ords, <u>enter the na</u>		
Name of New Registered Agent:			1-7-	2023 Alic
New Registered Office Address:				≘ 5
	Enter Floride	i street address		<u>~ ~~</u> ≥
		Florida		
	City		= Zip Cō	
New Registered Agent's Signature, if changing Registered Agent:			- 25 1 ₹ - 1	 .> .>
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p				

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, 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
<u>Member</u>	Claudia Borges	730 NW 107th Ave, Unit 115 & 117	🗖 Add
		Miami, FL 33172	□Remove
			X (Change
	***************************************		🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	APER-PAR-AL STREET		□Add
			□Remove
			□ Change
 			DAdd
	4.4.1.2.1.2	□Remove	
			□Change
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record speci is filed.	fies a delayed o	effective date, bu	it not an effe	ctive time, at 1	2:01 a.m. on t	he earlier of: (b') The 90th day :	ifter the
_	st 21st		202	3				
ated <u>Augu</u>								
ated <u>Augu</u> —	=	Signature	of a member	or authorized re	presentative of a	member		

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