	(Requestor's Name)	
	(Address)	<u>.                                    </u>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
L.,		

Office Use Only



000413201280

08/04/23--01009--007 \*\*25.00

## **COVER LETTER**

Tallahassee, FL 32314

TO:			·	
CHIDIF		ESTHETICS AND WELLNES	S.LLC	
SUBJE.	CI:	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JASON <del>KWIATOWSKI</del>	Kwigtkowski	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Division of Corporations  ALPHA AESTHETICS AND WELLNESS, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:    JASON KWIATOWSKI   KWATKOWSKI     Name of Person			
			re submitted for filing. matter to the following:    Firm/Company	
		11380 PROSPERITY FAR	RMS ROAD, SUITE D 113	
			Address	···
		PALM BEACH GARDEN	IS, FL 33410	
			City/State and Zip Code	
			to be used for future annual report noti	fication)
For furt	her information c			
JASON	E <del>KWIATOWSHI</del>	- Kwiatkowski	503 473-6275	
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>≡</b> \$25	i.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S Division of C P.O. Box 632	Section orporations		porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA AESTHETICS AND WELLNESS, 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 JULY 19.2023 and assigned Florida document number <u>L23000342535</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: APEX AESTHETICS AND WELLNESS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 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

## 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.

City

, Florida \_\_\_

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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		·	□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

•	٠.	
•		
		<del></del>
•		<del>}</del>
	23 PA	
	्त 	<u> </u>
		<u>.</u> 3
		<b>J</b>
ffective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be prior to a	date of filing or more than 90 days after filing.) Pursuant t	o 605.020
ote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	le statutory filing requirements, this date will not b	e listed a
	12.01 a.m. make making of the The Ooth doe	. a Gan tha
recora specines a delaved effective date. Diff not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day	raiter the
is filed.	•	
I is filed.	.•	