## 123000383559

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(2)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co				
	sthetics LLC	,		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Marcie Kazdan			
		Name of Person		
	Grateful Esthetics LLC			014)31 2023
		Firm/Company		CH O
	2496 Provence Circle			<u> မ</u> ကို
		Address		PH CS
	Weston, Florida 33327			PIVISION OF CORPCRATIONS 2023 OCT -3 PM 3: 14
	mkaz0524@gmail.com	City/State and Zip Code		स्त्री का स
	-	to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
Marcie Kazdan		516 857-1629		
Name	of Person		ne Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre	Section	Street Address: Registration Se		
Division of C P.O. Box 63:		Division of Cor The Centre of T		
Tallahassee,			e Street, Suite 810	)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grateful Esthetics LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on August 15,2023	and assigned
lorida document number 1.23000383559		-
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Grateful Aesthetics LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
•		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		23
		100 1004 1004
B. If amending the registered agent and/or registered office	address on our records, enter the nar	me of the new register
gent and/or the new registered office address here:		00 CONT.
		18 C C C C C C C C C C C C C C C C C C C
Name of New Registered Agent:		STATI SALI
		- SK
New Registered Office Address:		<del></del>
	Enter Florida street address	
_	. Florida	
	City	Zin Coda

## 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>	Address	Type of Action
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			□Remove
			□Change
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			III.
	be specific and cannot be prior to date o ck does not meet the applicable stat		ing.) Pursuant to 605.02
ord specifies a delayed effective filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after th
September 26	2023		
Marcu	Signature of a member or authorized rep	presentative of a member	