## 123000 393308

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## **COVER LETTER**

TO: Registration of Division of	on Section   Corporations		4		
	ARCA'S AESTHETICS LLC				
SUBJECT:	Name of Lir	nited Liability Company	<del></del>		
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.			
Please return all com	respondence concerning this matter	r to the following:			
		Name of Person			
	GIANKASA'S MULTISE	ERVICES			
		Firm/Company			
12701 S JOHN YOUNG PKWY STE 218					
	<del>-,</del>	Address			
	ORLANDO FL 32837				
	GIANKASAMULTISERV	City/State and Zip Code ICES@GMAIL.COM			
Dan Bank a in the same		(to be used for future annual report not	ification)		
	on concerning this matter, please o				
KARLA PADILLA		407 4075309292 at ()			
Na	me of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check t	or the following amount:				
□ \$25.00 Filing Fe	e   \$\equiv \text{\$\frac{1}{2}}\$\$ \$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)		
Division of P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONARCA'S AESTHETICS 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 08/21/2023 \_\_\_ and assigned Florida document number L23000393308 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MONARCA'S AESTHETICS ACADEMY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." SAME AS FILE 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.

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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ed MARCH 05		2024					
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The same	<del>-6</del>				member		