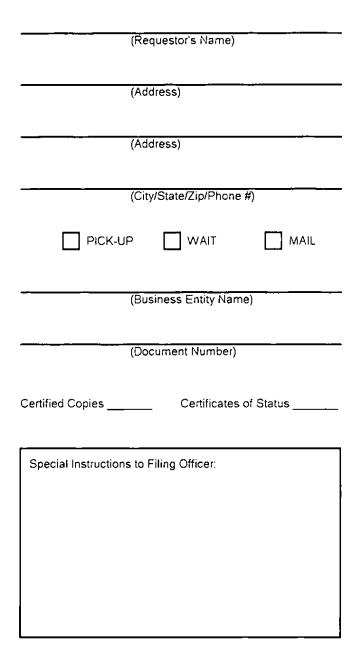
23000 450 477

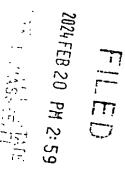


Office Use Only



400424213014

DE 120/04--91004--018 ••25.00



COVER LETTER

TO:

Registration Section Division of Corporations

The Laser SUBJECT:	Clinique, LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jazmin Kazravan		
		Name of Person	
	The Laser Clinic		
		Firm/Company	
	6817 South point parkway		
		Address	
	Suite 1603		
	·	City/State and Zip Code	
	Jacksonville Florida 32216		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
Jazmin Kazravan		305 788-5078 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations 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 LASER CLINIQUE, 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 $\frac{10/23/2023}{10/23/2023}$ and assigned Florida document number 1.23000480477 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: "This amendment is for correction of the spelling of the name of Laser' The Laser Clinic, 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

If Changing Registered Agent, Signature of New Registered Agent

, 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
MGR	ZENITH LEGACY HOLDING, LI	6817 south point paky 1603, Jacksonville fl 32216	□Add
			= Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change

-	
_	
_	
-	
-	
-	
-	
-	
-	
_	
-	
-	
-	
_	
-	
If an eff Note:	ive date, if other than the date of filing:
	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
rd is fi Dated	2/1/2024)
	Signature of a member or authorized representative of a member
	Typed of printed name of signer