L23000486145

(Reque	stor's Name)	
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(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name	e)
(Docum	nent Number)	
Certified Coples	Certificates o	of Status
Special Instructions to Filin	g Officer:	
	J. HORNI	
	JAN 10 2	023





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12/18/23--01022--011 **60.00



. Nathalia Mesa (831) 975-6010

> 11603 Bluebird Pl. Lakewood Ranch, FL 34211

This amendment is to update/correct the company name only as it was misspelled during filing process. Correct company name should be:

MesAesthetics & Wellness

EIN: 93-4113200

FL Document No.: L23000486145

Filed: 10/24/2023

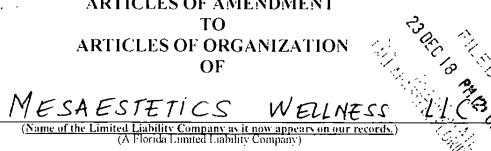
COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Mesaesthe Name of Lin	tics & Well	ness, LLC.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Na	Malia Meson	<u> </u>
	Mesaest	hetics & We	ellness, LLC
	11603 B/	uebird Pl	
			Fl 34211
	Mesa7	Wood Ranch City/State and Zip Code 703 a gmail- to be used for lutuse annual report notif	COM ication)
For further information co	oncerning this matter, please ca		
Natha Name of	alia Mesa Person	at (<u>83/</u>) <u>975</u> Area Code Daytime	- 6010 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	☐ \$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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



The Articles of Organization for this Limited Liability Company were filed on $\frac{10/24}{}$ Florida document number LZ3000486145 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MESAESTHETICS & WEUNESS, LLC

The new name must be distinguishable and contain the words "Limited Liability 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: (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:

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 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
		N/A:	
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Remove
			
			Remove
			□Change
			□ Remove
			□Cl

		ONLY	COR	NECTING	COMPANY
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f an effectiv <u>Note:</u> If th		ust be specific and block does not r	l cannot be prior neet the application	able statutory filing rec	(optional) nan 90 days after tiling.) Pursuant to 605.020 puirements, this date will not be listed a
d is filed.					ne earlier of: (b) The 90th day after the
Dated	December_	15th	2023	32. On a survey of a	bacunber
		N/ 1/	alia	Mac	