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(Rec	uestor's Name)	
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Josthetic's LL	_C
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are suf	omitted for filing,
Please return all correspondence concerning this matter	r to the following:
_ Givlian	O JOS Name of Person
Jastne	Firm/Company
500 Bayri	NEWDOPH30 Address
Sunny Is	City/State and Zip Code
giulia na sic	(to be used for future annual report notification)
For further information concerning this matter, please of	call:
Giuliana Jas Name of Person	at (780) 457 9133 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\(\sum \) \$30.00 Filing Fee \$\(\chi\) 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 Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
1.0.20n 0021	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Jasthe fic</u> (Name of the Limited	Liability Compa	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Lia Florida document number 93-435131		were filed on 11 11 23	and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		Giuliana Ja: 500 Bayview Sunny Isles	S Dr.PH30 Beach Fil3314
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	Givi	iana Jas	and the second s
New Registered Office Address:	500 B	Enter Florida street address	ot PH30
	Sunni	TSIES PEOCH Flor	rida 33100 Zip Code

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
MGR	Giuliana Jas	500 Bayview Dr PH3	<u>⊘</u> ⊠Add
		SUMMY I SIES BEACH	□Remove
		FL 33160	□ Change
			□Add - 3
			□Remove
			Change
			□Add
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Page 2 of 3

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to lote: If the date inserted in this block does not meet the applicable	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.020 le statutory filing requirements, this date will not be listed as
ocument s effective date on the Department of State's records.	
e record specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on the earlier o
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