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COVER LETTER

· TO:

Tallahassee, FL 32314

FO: Registration Sec Division of Corp			
subject: <u>SKIV</u>	Firsty Aesthy Name of Limi	etics t Wellness red Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Jessica	Hatwell Name of Person	
	<u></u>	Firm/Company	
	3378 NW L	OÙTH ST.	
	ocala + F	City/State and Zip Code	
	E-mail address: (t	+ 109 0 g mail. 100 to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	ill:	
Jessica H Name o		at (<u>305</u>) <u>500 –</u> Area Code Daytim	DOU e 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	=	Division of Cor The Centre of T	•
Tallahassee, l		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000558579</u>	were filed on DCC 20 [†]	Th 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Hartwell Aesthatius + Wellness The new name must be distinguishable and contain the words 'Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		04h_5+
Enter new mailing address, if applicable:		
(<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office :	address on our records, ent	er the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street ada	lress
		Florida
	City	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 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 **Type of Action** Address Title Name 3379 NW LOOTH ST. OCALIETY BALL Jessica Hartwell MGR _____ □Remove _____ Change _____ □Add _____ Remove _____ □Change

	Just changing the UC Name
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(If an effective Note: 1	e date, if other than the date of filing:
the record ecord is file	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 d.
Dated _	2024. Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member Vestical Hartwill Typed or printed name of signee