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## **COVER LETTER**

TO: Registration Se Division of Cor			
Elev8 Esth			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jennifer Vazquez		
		Name of Person	<del></del>
	Elev8 Esthetics, LLC		
		Firm/Company	
	605 W. Bloomingdale Ave	:	
		Address	
	Brandon, FL 33511		
		City/State and Zip Code	
	elev8esthetics@outlook.com	n	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
Jennifer Vazquez		917 692-6947	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		2024 APR
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & O Certified Copy (additional copy is apposed)
Mailing Addre		Street Address:	ction
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elev8 Esthetics, 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 \_\_\_\_01/17/24 (amended 2/13/24)\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 605 W Bloomingdale Ave Enter new principal offices address, if applicable: Brandon, Florida 33511 (Principal office address MUST BE A STREET ADDRESS) 605 W Bloomingdale Ave Enter new mailing address, if applicable: Brandon, Florida 33511 (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: 605 W. Bloomingdale Ave New Registered Office Address: Enter Florida street address Brandon 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.

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Effecti	ve date, if other than the date of filing:  (optional)  (optional)  (optional)  (optional)  (optional)  (optional)	.0207 (Š
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Davad	April 2 2024	
Dated .		
	Signature of a member or authorized representative of a member	
	· ·	
	Jennifer Vazquez  Typed or printed name of signee	