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COVER LETTER

TO:

Registration Section

Division of C	orporations		
Night Sh	ift Aesthetics LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Tracy Bishop		
		Name of Person	
	Night Shift Aesthetics PLI	LC	
		Firm/Company	
	3703 W San Miguel St N		
		Address	
	Tampa, FL 33629		
		City/State and Zip Code	
	nightshiftaesthetics@gmail	.com to be used for future annual report no	olification)
For further information	concerning this matter, please c	·	ornication)
Tracy Bishop		630 267-6223	
<u> </u>	of Person	at ()	
ivame	or rerson	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Night Shift Aesthetics LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records mited Liability Company)	<u>i.</u>)
he Articles of Organization for this Limited Liability Corr	npany were filed on 2/8/24	and assigned
lorida document number L24000072292		•
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
ight Shift Aesthetics PLLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		ขิ24
		3024 7.16
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>enter</u> (the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			filing of more than 90 da	(optional)	o 605.0207 (3)(b)
fective date, if other than effective date is listed, the date; if the date inserted in cument's effective date or	ate must be specific and of this block does not me	eet the applicable statu	tory filing requiremen	nts, this date will not be	listed as the
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Filing Fee: \$25.00