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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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K. SALY

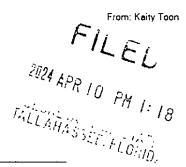
APR 1 1 2024

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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Look Lab North	Florida, LLC		$\underline{\hspace{1cm}}$	
(Name of the Limited Liability Company (A Florida Limited Liab	ay it now appears oility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company we	ere tiled on	March 12, 2024	and assigned	
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company her	<u>e</u> :		
Look Lab Central Florida, LLC				
The new name most be distinguishable and contain the words "Limited Liability	Company," the des	ignation "LLC" or the ab	breviation "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 addagent and/or the new registered office address here:	iress on our rec	cords, <u>enter the nam</u>	e of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address . 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.

To: 

Page: 4 of 5

2024-04-10 08:28:37 PDT

19548277645

From: Kaity Toon

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	
AMRR	= Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ □Add
			_ 🗆 Remove
			_ □Change
		<del></del>	_ <u> </u>
			Remove
			.∷ (□Change
			Change O Add
			_ □Remove
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			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change

From: Kaity Toon

D. If amending a	any other information,	enter change(s) he	re: (Attach additio	onal sheets, if neces	isary.)
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Note: If the da	e, if other than the date the is listed, the date must be space inserted in this block disective date on the Department	oes not meet the app	icable statutory filin	(option (option) (opt	nal) Bling.) Pursuant to 605,0207 (3) date will not be listed as the
If the record specifi record is filed.	es a delayed effective date	e, but not an effective	time, at 12:01 a m	on the earlier of: (h)	The 90th day after the
Dated	April 9		·		
	April 9				
		ture of a member or au		of a member	
		Mich	ael Seifried		

Typed or printed name of signee