L24000144777

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COVER LETTER

TO:	Registration Sec Division of Corp			
CHD ICA	Al Aestheti	x LLC		
SUBJEC	LI:	Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Chazzity Leslie		
			Name of Person	
		A1 Aesthetix LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1595 NE 163rd St		
			Address	
		North Miami Beach, FL 33	3162	
			City/State and Zip Code	
		misschazzityl@gmail.com	to be used for future annual report noti	
For furth	ner information co	oncerning this matter, please ca	·	neation)
Chazzity	y Leslie		305 927-9271	
	Name of	Person	at (e Telephone Number
Englosed	d-is-u-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)
				(manifestate ook) to microsen)
	Mailing Address Registration S		Street Address: Registration Se	ction
	Division of Co		Division of Cor	
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A1 Aesthetix 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 April 3, 2024 and assigned Florida document number L24000148777 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 "LLC." 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 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: New Registered Office Address: Enter Florida street address

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.

Citv

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
AMBR	Michelle Wigley	1595 NE North Miami Beach, FL 33162	⊜ ∧dd
			□Remove
			□ Change
AMBR	Stephen Wigley	1595 NE North Miami Beach, FL 33162	□Add
			■Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

				·····	

ective date, if other the effective date is listed, the	han the date of fili	ing:		(optional	.)
n effective date is listed, the tee: If the date inserted is cument's effective date of	n this block does no	ot meet the applica	o date of filing or mor ble statutory filing	re than 90 days after film requirements, this dat	g.) Pursuant to 605,020 e will not be listed a
cord specifies a delayed s filed.	effective date, but n	not an effective tin	ne, at 12:01 a.m. or	the earlier of: (b) 1	he 90th day after the
ed April 3rd, 2024		_,			
))			
	Λ //	,			
	(Signapure of	a member or author	rized representative o	f a member	