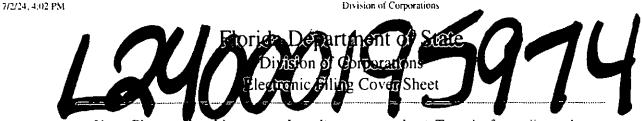
Division of Corporations



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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AESTHETIC SURGERY PARTNERS LLC**

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ARTICLES OF AMENDMENT ... TO ARTICLES OF ORGANIZATION OF

Aesthetic Surgery Partners LLC	•	, s
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number <u>L24000195974</u>	Company were filed on 05/01/2024	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	0
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	PRESS)	
		圭己
Enter new mailing address, if applicable:		<i></i>
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	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.

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
MGR	Angela Saavedra Sanchez	8435 SW 24 ST. MIAMI, FL 33155	■Add
			□Remove
			□ Change
MGR Carlos Santisteban, Sr.	Carlos Santisteban, Sr.	8435 SW 24 ST, MIAMI, FL 33155	■Add
			□Remove
		Change	
			□Add
			🗖 Remove
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			□Change

			
			
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		·	
Effective date, if other than th	e date of filing:	(optional)	
(If an effective date is listed, the date m Note: If the date inserted in this l document's effective date on the	block does not meet the applicable	ate of filing or more than 90 days after filing.) Puts statutory filing requirements, this date will	I not be fisted as the
he record specifies a delayed effect ord is filed.	ive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 9	Oth day after the
Dated July 1st	2024		
	12		
	/LW	me.	

Typed or printed name of signee