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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

\*\*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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN -DERMANI MEDSPA SOUTH FLORIDA LLC

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JUN 1 2 2024

If Changing Registered Agent. Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Na	me of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	ur records.)	
		y were filed on05/31/20.	24	and assigned
submitted to a	mend the following:			
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RIDA LLC				. 🛂
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tatutes relative ions of my pos ely reflect a ch	e to the proper and complete ition as registered agent as	e performance of my di provided for in Chapte	uties, and I am famil er 605, F.S. Or, if th	liar with and is document is
	anization for the	(Name of the Limited Liability Company (A Florida Limited Liability Company (A Florid	DERMANI MEDSPA SOUTH FLORIDA LLC  (Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)  anization for this Limited Liability Company were filed on  124000241646  submitted to amend the following:  ame, enter the new name of the limited liability company here:  ALC distinguishable and contain the words "Limited Liability Company," the designated offices address, if applicable:  Idress MUST BE A STREET ADDRESS)  and dress, if applicable:  IAY BE A POST OFFICE BOX)  e registered agent and/or registered office address on our record ew registered office address here:  New Registered Agent:  Stered Office Address:  Enter Florida street appointment as registered agent and agree to act in this capace to attacks relative to the proper and complete performance of my distinct of my position as registered agent as provided for in Chapterly reflect a change in the registered office address. Thereby control of the proper of the registered office address.	DERMANI MEDSPA SOUTH FLORIDA LLC  (Name of the Limited Liability Company as it now agnesis on our records) (A Florida Limited Liability Company)  anization for this Limited Liability Company were filed on 05/31/2024  umber 124000241646  submitted to amend the following:  ume, enter the new name of the limited liability company here:  RIDA LLC  distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevial offices address, if applicable:  Idress MUST BE A STREET ADDRESS)  and ress, if applicable:  Idress A POST OFFICE BOX)  e registered agent and/or registered office address on our records, enter the name of ew registered office address here:  New Registered Agent:  Stered Office Address:  Enter Florida street address  Enter Florida street address  appointment as registered agent and agree to act in this capacity. I further agree to address relative to the proper and complete performance of my dataes, and I am familians of my position as registered agent as provided for in Chapter 605, F.S. Or, if the ady reflect a change in the registered office address, I hereby confirm that the limited by reflect a change in the registered office address, I hereby confirm that the limited.

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Lexites

MGR = MS $AMBR = AG$	anager ithorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
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If the record specifies a delayed ef record is filed	ffective date, but not an effective time, at 12-01 a.m. on the earlier of	(b) The 90th day after the
Dated JUNE 11	2024	
/s/ NOEL BENS	SON	
-	Signature of a member or authorized representative of a member	
NOEL BENSON		
	Typed or printed name of signee	

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