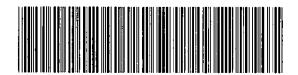
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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
| Sertificates of Status                  |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
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## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration Sec<br>Division of Corp | tion ;<br>orations                           | ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |
|------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT:                                 | K ESTACTIC                                   | 5 LLC<br>ited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                   |
|                                          | mendment and fee(s) are sub-                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |
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|                                          |                                              | L. Kamataris Name of Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
|                                          | SLK ES                                       | Sthetics LC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                                                         |
|                                          |                                              | Firm/Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1024 AI<br>SECR<br>TAI                                                                              |
|                                          | 225 Pe                                       | Riwhicle Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
|                                          | 0                                            | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ARY OF                                                                                              |
|                                          | Sebas                                        | than FL 3295                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OF SEEE S                                                                                           |
|                                          | C/ War                                       | City/State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | # 09                                                                                                |
|                                          | h-mail address: (                            | nytucis e Aut. Com<br>to be used for future annual report notifica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tri I                                                                                               |
| For further information co               | ncerning this matter, please co              | natalis e Abl. Com<br>all:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |
| Shari L<br>Name of                       |                                              | at (508) 341-0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |
| Enclosed is a check for the              | following amount:                            | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |
| ☐ \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address                          |                                              | Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |
| Registration S                           | ection                                       | Registration Section Division of Corporate Cor |                                                                                                     |
| Division of Co<br>P.O. Box 6327          | <u>-</u>                                     | The Centre of Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SIK Esthetics (Name of the Limited Liab (A Flor                                                            | 6 LLC<br>ility Company as it now appears on<br>ida Limited Liability Company) | our records.)                                    |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------|
| The Articles of Organization for this Limited Liability Florida document number                            | Company were filed on                                                         | 117/2024 and assigned                            |
| This amendment is submitted to amend the following:                                                        |                                                                               |                                                  |
| A. If amending name, enter the new name of the li                                                          | mited liability company here:                                                 |                                                  |
| The new name must be distinguishable and contain the words "L                                              | imited Liability Company," the design                                         | nation "LLC" or the abbreviation "L.L.C."        |
| Enter new principal offices address, if applicable:                                                        |                                                                               | <u> </u>                                         |
| (Principal office address MUST BE A STREET AD)                                                             | DRESS)                                                                        | SECR AL                                          |
| Enter new mailing address, if applicable:                                                                  |                                                                               | AUG 27 PH                                        |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                 |                                                                               | mo ω (σ)                                         |
|                                                                                                            |                                                                               | 09                                               |
| B. If amending the registered agent and/or register<br>agent and/or the new registered office address here | red office address on our reco                                                | rds, <u>enter the name of the new registerec</u> |
| 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.

If Changing Registered Agent, Signature of New Registered Agent

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 Actio           |
|--------------|--------------------|-------------------------------------------|-------------------------|
| MGR          | Shari L. Kamataris | _225 Perivinicle Dr<br>Sebastian FL 32958 | _ IAdd                  |
| ·            | ,                  | Sebastian FL 32958                        | _ □Remove               |
|              |                    |                                           | _ 🗆 Change              |
|              |                    |                                           | □Add                    |
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| If ame    | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                        |
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|           |                                                                                                                                     |
| Note:     | ve date, if other than the date of filing:                                                                                          |
| rd is fil |                                                                                                                                     |
| Dated     | August 22 2024  Signature of a member or authorized representative of a member  Shari L. Kamatalls  Typed or printed name of signee |
|           | Signature of a member or authorized representative of a member                                                                      |
|           | Shari L. Kamatalls Typed or printed name of signee                                                                                  |

. . . .

Filing Fee: \$25.00