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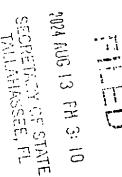
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COVER LETTER

	Registration So Division of Cor						
SUBJEC	т: <u>Е</u>	ventide_	Aestretice Name of Lim	S LLC ited Liability Company	·		
The enck	osed Articles of	Amendment	and fee(s) are sub	mitted for filing.			
Please rei	turn all correspo	ondence conc	erning this matter	to the following:			
			Justin M	1essner Name of Person			
			Fuentide	Aghenes LC Firm/Company			
		8	185 Consu	Address			
		Por	t Charle	City/State and Zip Code			
		_Mc	SSNEY 36 E-mail address: (lo be used for future annual report not	fication)		
For furth	er information c	concerning th	is matter, please c	atl:		SEO. 7.	ì
<u>J</u> ı		essner of Person		at (<u>810</u>) <u>588-</u> Area Code Daytin	9612 ne Telephone Number	SECRETARY OF STALLAHASSET	
Enclosed	is a check for t	he following	amount:			STATE STATE	2,5
□ \$25,0	00 Filing Fee		Filing Fee & ficate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Signature Copy (additional copy is	status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eventicle Hesthetics Lu	_		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appea Liability Company)	rs on our records.)	
(**************************************			
The Articles of Organization for this Limited Liability Company	were filed on	7/26/2024	and assigned
Florida document number <u>L24000331377</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the a	obreviation "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)	 		<u> </u>
B. If amending the registered agent and/or registered office	address on our	records, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address here:			PAR PER TI
			SA CITY
Name of New Registered Agent:		<u></u> .	- \$ 77 3 1 7
New Registered Office Address:			第9 平 世
Hen Regigiera Villes Paulos.	Enter Flo	orida street address	1.1 W Ci
		Florida	PAT TO
	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
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