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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Canada Instructions to	Eiling Officer	
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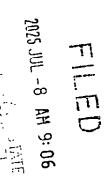
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COVER LETTER

Registration Section

TO:

Division of	f Corporations		
florida	a premier aesthetics LLC		
SUBJECT:	Name of Li	mited Liability Company	
The conducted Audiel		the board of Gillian	
The enclosed Artick	es of Amendment and fee(s) are su	ibmitted for tiling.	
Please return all cor	respondence concerning this matte	er to the following:	
	Michael Dodd		
		Name of Person	
	Florida Premier Aestheti	es LLC	
		Firm/Company	
	1017 SW McDevitt Ave		
		Address	
	Port Saint Lucie, FL 349	53	
		City/State and Zip Code	
	msdodd7@gmail.com	(to be used for future annual report no	stification)
For further informat	ion concerning this matter, please	•	anneacon)
	with contenting this matter, predict		
Michael Dodd		772 7080922 at () Area Code Dayti	
Na	ame of Person	Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ion Section	Street Address: Registration S	
Division (P.O. Box	of Corporations	Division of Co The Centre of	
	ee, FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

F/LED 2025 JUL -8 AM 9:06

florida premier aesthetics LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{125000214650}{}$.	were filed on 05/06/2025	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1017 SW McDevitt Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie, Fl. 34953		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1017 SW McDevitt Ave Port St. Lucie, Fl. 34953		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	e name of the new register	
•			
New Registered Office Address:	Enter Florida street address		
	, Flori	da	
	Cuy	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	Michael Dodd	1017 SW McDevitt Ave. Port Saint Lucie, FL 34953	■Add
			□Remove
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Iffective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the December 1.	be specific and cannot be prior to date of filing or to does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3 ing requirements, this date will not be listed as th
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
June 28 Dated	2025	
Jaco	··	

Filing Fee: \$25.00