Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6383		
	FBX NUMBER . (636)017-0363		
From:			
	Account Name : EXPRESS CORPO Account Number : I20000000146	RATE FILING SERVI	CE INC.
	Phone : (305)444-4994		
	Fax Number : (305)328-4774		20
			2025 OST
Em	ail Address:		
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Corporate Filing Menu

Electronic Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: Yanet Avila

Miel Aesthetic Med Spa LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our retted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document numberL25000444273	any were filed on 9/30/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	ù	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		76211
		- · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	dhan
	imier i ionaa jiree as	nur and
	City	. Florida
Now Bookstored Agent's Signature if shanging Bouletored Agent	•	Sign Conta

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 = Anthorized Member

To:

<u>Title</u>	Name	Address	Type of Action
MGR	Jessica Garcia	14058 SW 40 Terr.	∭Add
		Miami, FL 33175	
			[]Change
			□Add
			Remove
			DChange
			DAdd
			□ Ясточе
			□Change
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			Change

13053284774

From: Yanet Avila

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Filing Fee: \$25.00