I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

SIGNATURE: NADINE WOODS

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000167511

Entity Name: MIAMI ESTHETICS LLC

Current Principal Place of Business:

21129 NW 14TH PLACE UNIT 458 MIAMI, FL 33179

Current Mailing Address:

21129 NW 14TH PLACE UNIT 458 MIAMI, FL 33179 US

FEI Number: 37-1978703

Name and Address of Current Registered Agent:

ALCINDOR, NADINE 1380 NE MIAMI GARDENS DRIVE UNIT 273 MIAMI, FL 33179 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: NADINE ALCINDOR			05/01/2025
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	ALCINDOR, ROLYN	Name	WOODS, NADINE	
Address	21129 NW 14TH PLACE UNIT 458	Address	21129 NW 14TH PLACE UNIT 458	
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179	

FILED May 01, 2025 Secretary of State 5368099748CC

Certificate of Status Desired: No

05/01/2025

Date