

LN 0000 39812

VW

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

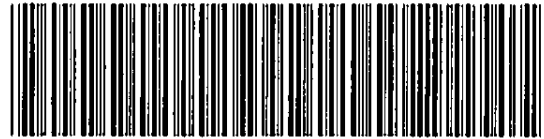
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NERIO CAMARGO MAKEUP PLUS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DINEYA GOMEZ

Name of Person

TABADESA ASSOCIATES GROUP INC

Firm/Company

419 W 49TH ST STE 111

Address

HIALEAH FL 33012

City/State and Zip Code

INFO@TABADESA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DINEYA GOMEZ

305 558-0622

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

NERIO CAMARGO MAKEUP PLUS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/21/2017 and assigned Florida document number L17000039812.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NERIO CAMARGO BROW LASH & MAKEUP BAR LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

3201 N MIAMI AVE SUITE 109 UNIT 13
MIAMI FL 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3201 N MIAMI AVE SUITE 109 UNIT 13
MIAMI FL 33127

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

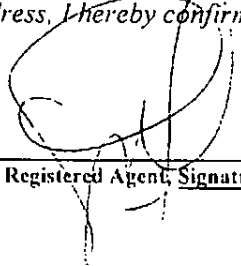
Name of New Registered Agent:

New Registered Office Address:

Dineya Gomeny Rodriguez
419 W 49th St Ste 112
Enter Florida street address
Hialeah, Florida 33012
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>	<u>Address</u>	<u>Type of Action</u>
MGR	RIYANGEL M LAROCHE	57 MIRACLE MILE	☐ Add
		CORAL GABLES FL 33134	☒ Remove
			☐ Change
MGR	ISIS S. RAMIREZ CAMARGO	1170 NW 11TH ST	☐ Add
		#724	☒ Remove
		MIAMI FL 33136	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

06/2024



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00