Florida Department of State Division of Corporations Piction of Corporations Piction of Corporations

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.

(((H20000174359 3)))



H200001743593ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Ϋ́o:		
	Division of Cor	porations
	Fax Number	: (8\$0)617-6383
From:		
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.
	Account Number	: I20000000145
	Phone	: (305)444-4994
	Fax Number	: (305)444-4977
		s for this business entity to be used for futur
anı	nual report maili	ngs. Enter only one email address please.**
Enia	ail Address:	

HECEIVELD Mais 28

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNRISE SKIN CARE BY ROSIE LLC

Certificate of Status	U
Certified Copy	U
Page Count	04
Estimated Charge	\$25.00

O SIMM

JUN 1 0 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION PH 2: 58 OF

SUNRISE SKIN CARE BY ROSIE LLO	· ·	·	
(Name of the Limited Lia (A Flo	bility Company as it now appears on ride Cimited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on 07/29/	2019 and Essigned	
Florida document number L19000193457	·		
This amendment is submitted to amend the following	<u>.</u>		
A. If amending name, enter the new name of the l	imited liability company here:		
R & G ZONE CLEANING, LLC			
The new name must be distinguishable and contain the words "I	Limited Lisbillty Company," the design	nation "LLC" or the abbreviation (LLC)"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		rds, enter the name of the new registere	
	=		
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Floridu street address		
		, Florida	
	Ciny	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 = N AMBR = A	Innager authorized Member	2020 Jüli - 9 Pli 2: 59		
Title	<u>Name</u>	Address	Type of Action	
MGR	MARIA GABRIELA DUARTE	520 BRICKELL KEY DR. APT 1515, MIAMI,	FI, 331	
	•		_ ∉ gemove	
			□Add	
			C)Remove	
			DChange	
			C Add	
			Remove	
·			Cethenge	
			Change	
			DAdd	
			□Remove	
			DCbange	
			C Add	
			Remove	
			□ Change	