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(((H23000022823 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOUCH OF ESPECIA LLC

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A. LUNT

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Help



anuary 20, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DUCH OF ESPECIA LLC 005 NW 114 AVENUE NIT 11 ORAL, FL 33178US

UBJECT: TOUCH OF ESPECIA LLC

EF: L20000114006

'e received your electronically transmitted document. However, the locument has not been filed. Please make the following corrections and lefax the complete document, including the electronic filing cover sheet.

the registered agent must sign accepting the designation.

'he document must contain the usual business addresses of its managing members or managers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III FAX Aud. #: H23000022823 Letter Number: 823A00001438

COVER LETTER

Registration Section

Division of Corporations

);

TOUCH OF ESPECIA LLC JBJECT: Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: LUIS GONZALEZ Name of Person PROMOSIGO LLC Firm Company 2922 PAYSON WAY Address WELLINGTON, FLORIDA, 33414 City/State and Zip Code lfgpersonal@gmail.com E-mail address; (to be used for future annual report notification) or further information concerning this matter, please call: JUIS GONZALEZ Daytime Telephone Number Name of Person inclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & \$25.00 Filling Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOUCH OF ESPECIA LLC

ompany has been notified in writing of this change.

2023 JAN 20 AM 11: 27

(Same of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
he Articles of Organization for this Limited orida document number £20000114006	Liability Company were filed on	04/27/2020 and assigned
his amendment is submitted to amend the fo		
. If amending name, enter the new name	of the limited liability company	<u>here</u> :
OEE LLC		
e new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE	E BOX)	
If amending the registered agent and/or ent and/or the new registered office addr	•	r records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	PROMOSIGO LLC	
New Registered Office Address:	2922 PAYSON WAY	
New Registered Office Address.	Enter F	Florida street address
	WELLINGTON	. Florida ³³⁴¹⁴
	City	Zip Code
w Registered Agent's Signature, if changing	Registered Agent:	
ew Registered Agent's Signature, if changing hereby accept the appointment as register rovisions of all statutes relative to the pro- eccept the obligations of my position as reg eing filed to merely reflect a change in the	red agent and agree to act in the per and complete performance gistered agent as provided for in	of my duties, and I am familiar with a a Chapter 605, F.S. Or, if this docume

/s/ Joseph Panholzer Joseph Panholzer, Attorney-in-Fact
If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>ıtle</u>	<u>Name</u>	Address	Type of Action
IGR	CARLOS ESTEBAN MAZO	1200 BRICKELL AVE, UNIT 680-A	@ Add
		MIAMI, FL 33131	□ Remove
			Change
4GRM	ANGELICA MARIA GALLO		CIAdd
			■ Remove
			□Change
MGRM	LINA MARIA VELEZ	······································	□Add
			Remove
			□Change
AMBR	LUISA NICHOLLS		□Add
			□ Change
<u></u>			□Add
			DRemove
		and the second of the second o	□Change
			□Add
			□Remove
			□Change

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Effective date, if other than the It'an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applicable	(option late of filing or more than 90 days after file statutory filing requirements, this o	tal) ling.) Pursuant to 605.0207 (3)(b late will not be listed as the
e record specifies a delayed effectiv rd is filed.	re date, but not an effective time	, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated January 18	2023		
/√ LUIS FERNANDO G	ONZALEZ		
	Signature of a member or authorize	ed representative of a member	
LUIS FERNANDO GO)NZALEZ		
	Typed or printed n	ame of signee	

Filing Fee: \$25.00