

120000269379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 23 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 AUG 23 PM 3:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/23/2021

****WALK IN****

ENTITY NAME Cara Mia Brows LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

S. B. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cara Mia Brows L.L.C.

(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 08/31/2020 and assigned
Florida document number L20000269379.

This amendment is submitted to amend the following:

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

Cara Mia Brows 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)

8702 hidden river pkwy

Unit 2303

Tampa, FL 33637

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8702 hidden river pkwy

Unit 2303

Tampa, FL 33637

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TALIAFERRO
SECRETARY OF STATE

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:

Enter Florida street address

Florida

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>
MGRM	Amanda Strange	8702 hidden river pkwy	☐ Add
		Unit 2303	☐ Remove
		Tampa, FL 33637	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 23 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FL

SECRETARY OF DEFENSE
TALLAHASSEE, FL

(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.

Dated August 23rd, 2021.

/s/ Amanda Strange

Signature of a member or authorized representative of a member

Amanda Strange

Typed or printed name of signee

Filing Fee: \$25.00