## L21000419597

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only



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## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp		••	, м	
	**	GCH GLOBAL H	EALING COSMETICS LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
			MARTHA OTALORA		
			Name of Person		_
		мо ассо	OUNTING SERVICES CORP		, F3
			Firm/Company		
		175 FONTAR	NEBLEAU BLVD SUITE 1-G2		<u> </u>
			Address		- PM (SSE)
		MI	AMI, FLORIDA 33172		PN 8:37
			City/State and Zip Code		TE 37
			@moaccountingservices.com		
		E-mail address: (	to be used for future annual report no	tification)	
For fu	rther information co	oncerning this matter, please co	all:		
	MARTHA OT	TALORA	786 612-5021		
	Name of	Person	at () Area Code Daytii	ne Telephone Numb	ст
Enclos	sed is a check for th	e following amount:			
<b>≡</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee. cate of Status & cd Copy nat copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LC			
ompany as it now appears lited Liability Company)	on our records.)			
pany were filed on	09/22/2021	and assigned		
liability company her	<u>'e</u> :			
Liability Company," the de-	signation "LLC" or the al	obreviation "L.L.C."		
N/A		# 43 * 13 . 33		
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N/A	XSSEE			
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fice address on our re	cords, <u>enter the nan</u>	ne of the new regist		
Enter Florie	la street address			
, Florida				
City		Zip Code		
<u>ent:</u>				
	Liability company her Liability Company," the del N/A  N/A  S)  Enter Florid	Liability company here:  Liability Company," the designation "LEC" or the at N/A  S)  N/A  N/A  Enter Floridu street address  Enter Florida street address  City		

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>	Type of Action
MGR	ISABEL C. AGUILAR VALENCI.	4021 SW 156th AVE, MIRAMAR FL 33027	<b>≡</b> Add
			□Remove
			□Change
MGR	GREGORIO MUNERA AGUILAF	4021 SW 156th AVE, MIRAMAR FL 33027	<b>≡</b> Add
		-	□Remove
			□Change
			□Add ~ □ □ Remove
<del></del>		AHASSEE, FL	Change P Add
			n <b>→</b> □Remove
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ective date, if other	than the date	e of filing:	06/01/202;	3		(opt	ional)		
n effective date is listed, : <b>te:</b> If the date inserte	the date must be s	pecific and	cannot be prior	r to date of fil	ing or more than	90 days afte	r filing.) I	ursuant	to 605,020
cument's effective dat					ny ming requir	enients, m	is date w	iii not c	i naca i
ecord specifies a delay is filed.	ed effective dat	e, but not a	in effective	time, at 12:0	l a.m. on the e	arlier of: (	b) The	90th dag	y after th
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Filing Fee: \$25.00