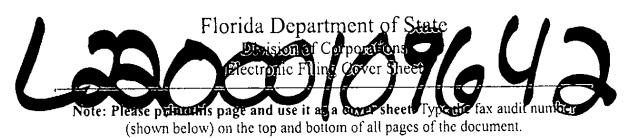
Page: 2 07/8/3022 10:55 AM T0:1850617638

TO:18506176383 FROM:4079929407

Division of Corporations



(((H22000233322 3)))



H220002333223ABCT

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

Doing so will generate another cover sheet.

•					
	To:				
		Division of Corporations			
		Fax Number : (850)617-6383			
			613		
	From:		₩ ₩.	2022	
		Account Name : SOUSA & ASSOCIATES INC	[=]	~3	
		Account Number : I20190000111	:.	<u></u>	
. –)		Phone : (407)800-7028	Ξ.	-	- ,-
00		Fax Number : (407)992-9407	. بي	1	=
$\ddot{\sim}$, ,	21-	œ	00
			<u>ت</u> .	PH	\Box
=	**Enter t	the email address for this business entity to be used for	future		
	ann	ual report mailings. Enter only one email address please.	** '	<u>ե</u> ։ 0	
τΩ 1		· ·	B E	0	
	Ema	il Address:		ச	
Ę		 _ :			
. *					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA ESSENCIA HAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T FEWIEUX

e:	6	07/8/2	022 10:55	AM	H2300176	383 FROM: 4079929407		
		;		COVER LETTER				
•	TO:	Registration S Division of Co				;·		
	SUBJECT: FLORIDA ESSENCIA HAIR LLC 50							
	Name of Limited Liability Company							
	The enclosed Articles of Amendment and fee(s) are submitted for filing.							
	Please r	eturn all corresp	ondence concerning	this m	atter to the following:			
			Maria C Sousa					
					Name of Person			
			Sousa & Associ	cates l	ne			
					Firm/Company			
		5728 Major Blvd Ste 309						
	Address							
			Orlando Florida	32819)			
	City/State and Zip Code							
	info@sousaacc.com							
	E-mail address: (to be used for future annual report notification)							
	For further information concerning this matter, please call:							
						2007038		
		C Sousa			407 at ()	8007028 Daytime Telephone Number		

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 Tallahassec, FL 32303

H2200023333223

Page: 7 07/8/2022 10:55 AM TO:18506176383

FROM: 4079929407 HQQ 000 Q33323

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA ESSENCIA HAIR LLC		
(Name of the Limited Liability Company as II (A Florida Limited Liability	now appears on our records.) (Company)	.
The Articles of Organization for this Limited Liability Company were	filed on <u>03/03/2022</u>	and assigned
Florida document number 1.22000109642		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbres	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
en a complete de la completa del completa del completa de la completa del completa del la completa del comp		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	ss on our records, <u>enter the name o</u>	f the new registere 2022 JUL -
New Registered Office Address:	Enter Florida street uddress	<u> </u>
	, Florida	Ø. 1
(.	Tity	Code P
New Registered Agent's Signature, if changing Registered Agent:		<i>≟</i> 6 ≭
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office addressmany has been notified in writing of this change.	ded for in Chapter 605, F.S. Or, if i	his document is
If Changing	Registered Agent, Signature of New Regist	ered Agent

Page:	8	07/8/2022	10:55 AM TO:18506176383 FROM:4079929407
			1 (\alpha \alpha \cdot)

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

Title	Name	Address	Type of Action
MGR_	FRANCIELE M PIRES LOPES	1405 S HIAWASSEE RD #A	□Add
		ORLANDO, FL 32825	∑ Remove
			□Change
			[]Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			[] Add
			□Remove
			□Change
			□Add
			□Remove
			Change

H 22 000 2333 23

•	
_	
•	
-	
•	
•	
r.M.	(optional)
Notes	(optional) Tective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling J Pursuant to 605 0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he recor ord is fi	rd 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 iled.
Dited	July, 7
	1 1 1 0 1 is a do Cilera