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COVER LETTER

TO: Registration Se Division of Cor				
	ofessional Cosmetics			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Iris Polanco			
		Name of Person		
	Raphiel Professional Cosm	netics		
		Firm/Company		
	10423 old cutler road apt 1	02		
		Address		
	Miami, Florida 33190			
		City State and Zip Code		
	raphicleosmetics(agmail.co	in to be used for future annual report not	dication)	
For further information c	oncerning this matter, please c			
Iris Polanco		305 901-9977 at ()		
Name o	f Person	Area Code Daytin	e Telephone Number	
Enclosed is a check for th	ne following amount:			
S25,00 Filing Fee	Zi \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		_	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Talkihassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raphiel Professional Cusmetics
(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
Florida document number 1.22000423425
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Raphiel Professional Cosmetics 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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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, <u>enter the title, name, and address of each person_being_or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Yris Lugo	10423 old cutler road	
		Ntiami, FL 33490	
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E. Effect	ive date, if other than the date of filing:
Note:	ive date, if other than the date of filing:
If the recordecord is ti	d 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 led.
Dated	11/04/2022
	11/04/2022 1200—POLATICE Signature of a member or will. ized representative of a member
	Tris Polanço

Filling Fee: \$25.00

Typed or printed name of signee