

L23000464995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

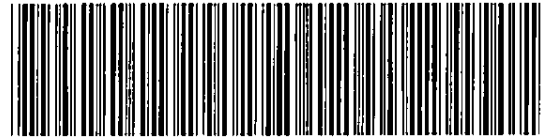
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 JAN 13 PM 3:54  
CORPORATION DIVISION

JAN 25 2024

D CUSHING

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PAUJE BEAUTY SPA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA ANGELICA CORTES COVARRUBIAS  
Name of Person

PAUJE BEAUTY SPA LLC  
Firm/Company

6964 SEA CORAL DR APT 216  
Address

ORLANDO FL 32821  
City/State and Zip Code

angelica22coco@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ANGELICA CORTES COVARRUBIAS at ( 321 ) 2458237  
Name of Person Area Code Daytime Telephone Number

RECEIVED  
2024 JAN 13 PM 3:51  
FILING

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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)

**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  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2023

MARIA ANGELICA CORTES COVARRUBIAS  
PAUSE BEAUTY SPA LLC  
6964 SEA CORAL DR., APT 216  
ORLANDO, FL 32821

SUBJECT: PAUSE BEAUTY SPA LLC  
Ref. Number: L23000464995

We have received your document for PAUSE BEAUTY SPA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 223A00027689

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

PAUSE BEAUTY SPA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 JAN 13 PM 3:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned  
Florida document number L23000464995.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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, 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         | MARIA ANGELICA CORTES<br>COVARRUBIAS | 6969 SEA CORAL DR<br>APT 216<br>ORLANDO FL, 32821 | <input checked="" type="checkbox"/> Add |
|              |                                      |   | <input type="checkbox"/> Remove         |
|              |                                      |   | <input type="checkbox"/> Change         |
|              |                                      |   | <input type="checkbox"/> Add            |
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