## LSH 000 HI 017

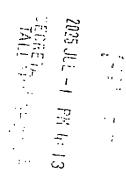
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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## COVER LETTER

TO: Registration Se Division of Cor		•	. • •
₩ & B ES]	THETIC LLC .	<b>'</b> •	·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	JORGE QUARTIERI		
		Name of Person	
	R & B ESTHETIC LLC		
		Firm/Company	
	4973 CASON COVE DR	APT 516	2005 JULI - 1 PH WITE
		Address	1
	ORLANDO FL 32811		7
	KRAMELL.LLC@HOTM	City/State and Zip Code AIL.COM	
	_	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
JORGE QUARTIERI		407 669-7449 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & B ESTHETIC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_ and assigned Florida document number \_L24000141017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JQ CONSULTING SERVICES 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, 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

## 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>	Address	Type of Action
AMBR	ROMINA BRAVO	4973 CASON COVE DR APT 516	
		ORLANDO, FL 32811	<b>≘</b> Remove
			☐ Change
AMBR VICTORIA QUARTIERI	VICTORIA QUARTIERI	4973 CASON COVE DR APT 516	<b>=</b> Add
	ORLANDO, FL 32811	□Remove	
			□Change
			□ Remove
			□ Change
			□Add
			Remove
			□Change
		□Add	
		□Remove	
			□Change
	<del></del>	□Add	
		<del></del>	Remove
			☐ Change

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Effecti	ve date, if other than the date of filing:
f an effe Note:	ctive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	ent's effective date on the Department of State's records.
	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
d is file	rd.
	IN ORLANDO, JUNE 24 2025
Dated_	IN ORLANDO, JUNE 24 2025
	Signature of a mumber of authorized representative of a member
	Signature of a memory of authorized representative of a memor
	JORGE QUARTIERI
	Typed or printed name of signee

Filing Fee: \$25.00