## 120000143181

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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer;	

Office Use Only



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T. MATTHEWS

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Name of Lim	ited Liability Company	
	ned claimty company	
mendment and fee(s) are sub	mitted for filing.	
dence concerning this matter	to the following:	
ANA CLARA PIMENTA		
<del></del>	Name of Person	
ACP BUSINESS CONSU	LTING LLC	
	Firm/Company	<del>.</del> .
777 BRICKELL AVE STI	E 500-71	
	Address	
MIAMI FL 33131		
	City/State and Zip Code	<del></del>
ANACLARA@ACPBUSIN	VESSUSA.COM	
E-mail address: (	to be used for future annual report not	ification)
ncerning this matter, please ca	all:	
	407 233-6595	
Person	Area Code Daytin	ne Telephone Number
following amount:		
□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
ection rporations	Street Address: Registration Se Division of Cor The Centre of 7	rporations Fallahassee
	ANA CLARA PIMENTA  ACP BUSINESS CONSULT  777 BRICKELL AVE STI  MIAMI FL 33131  ANACLARA@ACPBUSINES: ( Incerning this matter, please consulting this matter)  Ferson  Following amount:	Name of Person  ACP BUSINESS CONSULTING LLC  Firm/Company  777 BRICKELL AVE STE 500-71  Address  MIAMI FL 33131  City/State and Zip Code  ANACLARA@ACPBUSINESSUSA.COM  E-mail address: (to be used for future annual report not neerning this matter, please call:  1 407 233-6595  1 1 Area Code  Person  Area Code  Daytin  Following amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  For Control of Contr

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

KL HEALTH & BEAUTY LLC

21 DCT 25 PH 3: 20

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

	лаотну Сопрану	were filed on 05/26/2020	_ and assigned
Florida document number L20000143181	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		6515 COLLINS AVE APT 1505	
(Principal office address MUST BE A STRE	(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:			· · ·
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
		address on our records, enter the name o	of the new register
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address.)	registered office	address on our records, enter the name o	of the new register
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office		of the new register
B. If amending the registered agent and/or	registered office of the control of	SS USA CORP	of the new register
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office of the control of	SS USA CORP L AVE SUITE 500-71	f the new register
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:	registered office of the control of	SS USA CORP	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 007 25 PH 3: 21	Type of Action
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			Remove
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	——————————————————————————————————————
. Effective date, if other than the	e date of filing:(optional)
	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(lock does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
the record specifies a delayed effective ord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OCTOBER 10	2021
lan	Signature of a member or authorized representative of a member

Typed or printed name of signee