# L 05000054873

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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### **COVER LETTER**

TO: Registration Se Division of Con			
	uty Supply, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adriana Maselli-Medina		
	Technobeauty Supply, LLC	Name of Person	
	11847 SW 26Th Street	Firm/Company	
	Miramar, Fl 33025	Address	
	ai13maselli@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
Adriana Maselli-Medina		786 8972449 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

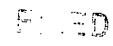
### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 19 AM 10: 03

Technobeauty Supply				MU 10- 02
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on ou iability Company)	r records.)	<u> </u>
The Articles of Organization for this Limited Liabi Florida document number L05000054873	lity Company	were filed on April 15,	2019	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liabi	ility company here:		
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl	c:	11847 SW 26th St		
Principal office address MUST BE A STREET A	(DDRESS)	Miramar, Fl 33025		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off address here	fice address on our r	ecords, <u>enter t</u>	he name of the i
Name of New Registered Agent:	Adriana Maselli	-Medina		<del></del>
New Registered Office Address:	1847 SW 26Th			
	Enter Florida street address			
<u> </u>	Miramar		, Florida <sup>3302</sup>	25
		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>	Type of Action
MGR	ADRIANA MASELLI-MEDINA	11847 SW 26TH ST MIRAMAR, FL 33025	B Add
			□ Remove
			☐ Change
MGR	LUIGI DIGIROLAMO	8140 NW 74 AVE, SUITE 10 MEDLEY, FL 33166	□ Add
			■ Remove
	VINCENZO MASELLI	8140 NW 74 AVE, SUITE 10	Change
MGR		MEDLEY, FL 33166	
			■ Remove
			□ Change
			Add
			Remove
			□ Change
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			☐ Remove
			□ Change
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			Change

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an effe lote:	ve date, if other t ective date is listed, the if the date inserted ent's effective date	e date must be specifi in this block does	fic and cannot be not meet the ap	plicable statutor	g or more than 90 d y filing requireme	_ <b>(optional)</b> ays after filing.) Pursunts, this date will n	ant to 605.0207 of be listed as
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e reco	ord specifies a o 90th day after (	delayed effecti the record is fi	ive date, but iled.	not an effect	ive time, at 1	2:01 a.m. on th	e earlier o
ated A	April 15		2019				
u _	<del></del>		11) /				
		( St.f.	Jen -		ntative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00